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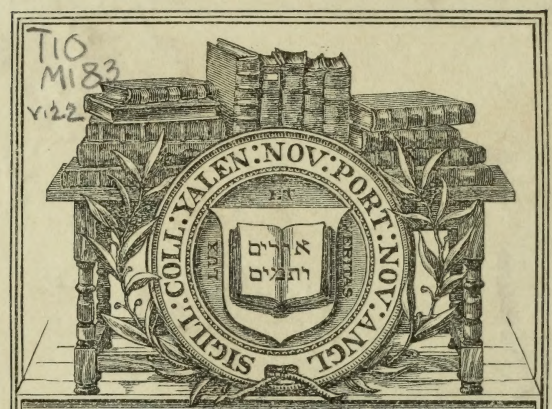

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INDEX TO VOLUME XXII.

PAGE.

Abdominal Surgery, Some Recent Cases of....121, 147
Acute Colds, How to Treat.... 372
Advertisements in Medical Journals.... 499
Agaricinic Acid.... 518
Agnew, D. Hayes. Mention of Work by... 455
Alopecia Areata following Injury, Case of, 344
Amadou, Official Trial of in the Treatment of Cancer.... 438
American Academy of Medicine...88, 110, 125
Anderson, Edward.... 232
Andrews, Edward and Edmund, Mention of Work by.... 13
Aneurism in Each Popliteal Space. Ligature of Each Femoral Artery. Recovery.... 67
Aneurism of the Pulmonary Artery, with the Report of a Case.... 321
Antipyrin, Hæmostatic Properties of.... 32
Antipyrin, Incompatibilities of.... 315
Antiseptic, A New 178
Antiseptic Surgery, Don'ts in.... 337
Aphrodisiac Effects from Cocaine 478
Army Medical Board.... 312
Artificial Food for Infants.... 38
Ashby, T. A.....61, 281, 303
Ashby, T. A., Mention of Work by.. 456, 516
Ashhurst, J. John, Mention of Work by. 138
Asthma, Treatment of.... 76
Atresia Vaginae and Hæmotosalpinx.... 32
Attfield, John, Mention of Work by. ... 13
Atwater, W. O., Mention of Work by.... 251
Aulde, John, Mention of Work by.... 156
Bacteria, Does Salting Meat Destroy.. ... 70
Baer, B. F.... 243
Baker, Frank, Mention of Work by 251
Baker, H. B., Mention of Work by.... 17
Baltimore Medical College Commencement.... 499
Baltimore University School of Medicine Commencement.... 436
Barber's Itch, Treatment of.... 31
Bartley, Elias H., Mention of Work by.. 435
Batteries, A Few Words about.... 466
Beef Tea, Value of as a Nutrient.....74, 176
Belfield, W. T.... 514
Berkley, Henry J., Mention of Work by.. 436
Billings, John S., Mention of Work by... 251
Billingslea, James.... 387
Bill to Regulate the Practice of Medicine and Surgery in Maryland..207, 212, 455, 471
Bishop, E. T.,.... 251
Bismuth Mixture.... 315
Björnström, Frederick, Mention of Work by.... 16

PAGE

Blood in Phthisis and Cancer.... 31
Boiled Milk, Digestibility of 9
Bond, A. K.....166, 361

BOOK REVIEWS.

American Academy of Medicine.... 255
Anæsthetics, Ancient and Modern.. 253
Analysis of Fifteen Months Work in the Gynecean Hospital, Philadelphia.... 510
Anatomy, Text Book of Human.,.... 253
Aneurism of the Aorta Simulating Cardiac Valvular Disease.... 456
Animal Physiology, Text Book of.... 16
Animal Suture,.... 497
Anomalies of the Ocular Muscles.... 456
Association of American Physicians, Transactions of.... 254
Asthma.... 497
Atlantic Monthly.....256, 436
Atropine in Enuresis.... 17
Auriculo-Ventricular Presystolic Sound... 358
Bacteria, Story of.... 16
Baldness, Practical Treatise on.... 252
Breast, Diseases of the.... 14
Bromo-Caffeine, Clinical Use and Physiological Action of.... 25
Cataract, Ueber Extraction der, ohne Irredectomie mit Naht der Wunde.... 18
Centralblatt für Nervenheilkunde und Psychiatrie.... 516
Chemistry.... 13
Chemistry, Text Book of Medical.... 435
Children, Guide to Diseases of.... 178
Cilioretinalen Gefässe, Beitrag zur Kenntniss der sog.... 18
Concealed Pregnancy.... 159
Consuls Report for August 1889.... 18
Cosmopolitan.....257, 436
Craniotomy, Discussion on.... 497
Creosote, Value of in 50 Cases of Disease of the Air Passages.... 17
Crooked and Deformed Noses, Cure of...17, 157
Dental Surgery, Notes on.... 252
Dermatology, Hand book of.... 17
Dermoid Cyst of the Left Ovary.... 474
Detroit Medical and Library Association, Proceedings of.... 375
Diabetes Mellitus and Insipidus.... 252
Diabetes, Treatment of with Free Phosphorus.... 252
Dilating Urethrotomy, Résumé of the Experience of 17 years in the Operation of. 17
Disturbed Equilibrium of the Muscles of

PAGE.

the Eye as a Factor in the Causation of Nervous Diseases 158
Dosimetric Method of Practice, Reformation in the Practice of Medicine by the 17
Dry Extra-Peritoneal Treatment of the Stump in Hysterectomy 516
Dusty Occupations, Relation of to Pulmonary Phthisis 17
Education and Culture as Related to the Health and Diseases of Women 253
Embolism of the Left Central Retinal Artery, Description of a Case of 159
Endarteritis. Chronic, Some Complications of 18
Enteralgia and Chronic Peritonitis 159
Enuresis, Atropine in 17
Epileptics, Colonization of 358
Erysipelas in Children, Surgical Treatment of 159
Everted Crown 255
Evil that has been said of Doctors 157
Failure in Brain Surgery 376, 436
Food in Health and Disease 516
Foods for the Fat 158, 374
Formal Opening of the New Building of the Biological Department of the University of Toronto 436
Fractures, A Treatise on 455
Free Division of the Capsule of the Kidney for the Relief of Nephralgia 17
Gall Stones, Sounding for 252
Germania 258
Hæmorrhoids, The Cure of by Excision. 497
Higher Medical Education 254
Human Physiology, Compend of 157
Hypnotism 16
Hypnotism, Experimental Study in the Domain of 16
Influence of Male Element on Female Organism 14
Influence of Sanitation upon Obstetrical and Gynæcological Surgery 516
Insanity and Allied Affections 17
Insomnia and Therapeutics 253
Internal and External Temperatures of the Body as Modified by Muscle Kneading 14
Intestinal Anastomosis, An Experimental Study of 456
Intubation in Case of Foreign Bodies in the Air Passages 436
Johns Hopkins Hospital Bulletin 158
Johns Hopkins Hospital Report 255, 435
Laparotomy, Value of in the Diagnosis and Treatment of Intra-Abdominal and Intra-Pelvic Diseases 456
Laws Regulating the Practice of Medicine in North Carolina 255
Leprosy, Personal Observations of in Mexico and the Sandwich Islands 254
Leprosy, with a Report of Ten Cases 456
Louisiana State Medical Society, Transactions of 16
Lunacy Commission, Fourth Annual Report of 255
Magazine of Art 148, 257, 436
Marine Hospital, Annual Report of Supervising Surgeon-General 254
Massage and the Original Swedish Movements 418
Materia Medica Organic, Manual of 254

PAGE.

Materia Medica, Pharmacy and Therapeutics. Hand book of 398
Materia Medica, Pharmacy and Therapeutics, Treatise on 156
Materia Medica, Therapeutics and Prescription writing, Essentials of 156
Medical and Chirurgical Faculty of Maryland, Transactions of 18
Medical Communication to the Boston Medical Society 159
Medical Experts. Sphere, Rights and Obligations of 252
Medical Mirror 258
Medical News Visiting List 17 157
Medical Pneumatology, Essay on 139
Medical Society of the State of North Carolina, Transactions of 376
Menthol in Acute Cold in the Head 456
Midwifery, Treatise, the Science and Practice of 13
Monthly Nursing 418
Musical Courier 257
National Medical Dictionary 251
Nose and Throat, Treatise on Diseases of the 137
Nursing, Medical and Surgical, Manual of 418
Obstetrical Lectures, Syllabus of 435
Obstetrics. Manua of 158 357
Obstetrical Nursing, Handbook of 252
Obstetrics, Text Book of 473
Official Proceedings of Chicago Medical Society 158
Ophthalmic Medicine and Surgery, Aids to 138
Ophthalmic Review 375
Ophthalmology and Ophthalmoscopy for Practitioners and Students of Medicine 11
Ovary, Hitherto Undescribed Diseases of the 159
Pathological Anatomy and Histology, Hand Book of 138
Pathology and Morbid Anatomy, Essentials of 157
Perfected Evacuator 17
Persistent Head-aches and How to Cure Them 357
Physicians' Hand Book for 1890 254
Physicians' Visiting List 157
Pneumonia, Etiology of 17
Popular Science Monthy 435
Porro Operation 516
Practical Electricity in Medicine and Surgery 434
Practical Medicine, Text Book of 137
Puerperal Fever 255
Pulmonary Consumption, Early Detection of 456
Pulmonary Phthisis, More Recent Treatment of 17
Pulmonary Phthisis, Relation of Dusty Occupations to 17
Pulse 515
Pus in the Pelvis and How to Deal with It 516
Quetschung des Augapfels mit Bluterguss in die vordere Kammer durch Berstung des Schlemm'schen Canales 18
Rectal and Anal Surgery 13
Reminiscences of Field-Hospital Service with the Army of the Potomac 474

PAGE.

Report of Proceedings of the Illinois State Board of Health 497
Ring-worm, Pathology and Treatment of 252
Sanitary Entombment 255
Scarlet Fever, Pathology and Treatment of 252
Scribner's Magazine 18, 158, 256, 436
Secret Nostrums and Systems of Medicine 399
Sehnervenkreuzung, Beiträge zur Kenntness der sog 18
Septic Poisoning in Early Life 358
Skin Diseases, Manual of 497
Spinal Concussion 496
Sputum, Examination of, in the Diagnosis of Tuberculosis 456
Students' Aid Series 15
Surgery, Experimental 14
Surgery, Intestinal 14
Surgery of the Knee-joint 138
Surgery, Principles and Practice of....137 455
Surgery, Studies in 17
Sympatischen Ophthalmie, Ein Beitrag zur Pathogenese der 497
Syphiloma of the Cord of the Cauda Equina, Case of 159
Syringomyelia 436
Through the Ivory Gate 157
Tobacco Amblyopia 473
Trade and Transport between the United States and Spanish America 18
Transaction of State Medical Society of Arkansas 254
Tuberculosis Papillomatosa Cutis, Case of 254
Tuberculous Glands, Enucleation of 357
Urinary Analysis, Practical Notes on 17
Urinary Calculus and Lithotomy 17
Uterine Cancer, Twenty Years Experience in the Treatment of 254
Uterine Cancer, Choice of Methods in ... 357
Uterine Myoma, Two Cases of Removal of 159
Uterus, Misplacement of 159
Venereal and Skin Diseases, Atlas of 15
Vermiform Appendix, Inflammation of the 474
Vick's Floral Guide 516
Women, Diseases of 139
Women, Diseases of, and Abdominal Surgery 254, 473
Year Book of Treatment 375

Bosworth, F. H , Mention of Work by 137
Brain Abscess, Strange Origin of 338
Bressler, F. C 421
Broadbent, W. H., Mention of Work by. 515
Bromide of Ethyl, Death after the Inhalation of 470
Brown, George, Mention of Work by 15
Brown, John, Mention of Work by 14
Browne, Lennox, Mention of Work by ... 456
Brubaker, Albert, Mention of Work by .. 157
Bryant, Thos., Mention of Work by 14
Burnett, S. M., Mention of Work by 251
Burns, Treatment of by Iodoform 33
Byrne, John, Mention of Work by 254
Call to Medical Schools 458
Canfield, Wm. B 241

PAGE.

Canfield, Wm. B., Mention of Work by 17, 18, 456
Cerebro-Spinal Meningitis, Notes of a Case of 146
Chaddock, Chas. G., Mention of Work by 16
Chapin, H. D., Mention of Work by 358
Charles O'Donovan, The Late 294
Chemistry of Gastric Digestion 246
Child Born with Measles 236
Chisolm, J. J 104
Chisolm, J. J., Mention of Work by 357
Chloral, Administration of, in Infantile Disease 237
Chloralamide as a Hypnotic 245
Chloroform Water, Clinical Note on 219
Cholera on the March through Europe ... 236
Chronic Induration of the Breast 346
Chronic Kidney Lesions, Early Diagnosis 396
City Health Officer 55
City Hospital, Opening of New 177, 194
Claiborne, J. H 169
Clement, A. W., Mention of Work by 261
Clevenger, S. V., Mention of Work by 496
Cod Liver Oil, Action of 517
Coffee, Abuse of 438
College of Physicians and Surgeons, Commencement of the 416
Common Cold, Treatment of a 314
Complaints of Our Correspondents 338
Concentrated Solution of Magnesium Sulphate as an Enema, with Some Points Relating to the Physiology of the Abdominal Circulation 4, 21
Conformation of the Chest and the Tendency to Consumption 315
Connor, Leartus 88, 110, 125
Connor, L., Mention of Work by 252, 473
Consumption, Prevention of 298
Contract Practice, Evils of 192
Control of Hæmorrhage during and After Operation, and Dressing the Wound ... 185
Cordell. E. F 285

CORRESPONDENCE.

An Abusive Use of Free Dispensaries 356
Baltimore Medical College 515
Counter Prescribing 340
Dispensary Abuse Again 397
Dispensary and Hospital Abuse 339
Hagerstown Letter 56
Hagerstown Meeting of the Faculty 73
Influenza 193
Influenza, Ear Complications of 250
Medical Practice Act 98
Necessity of a Law to Prevent Incompetent Persons to Act as Physicians 373
Notification of Contagious Diseases 514
Prostate, Operations upon the 514
Scarlet Fever 232
Tenth International Medical Congress ... 472
To Advertise, or Not to Advertise, That is the Question 339
Unabated Abuses 472
Washington County Medical Society 496

Councilman, W. T., Mention of Work by 251
County Medical Association 155

PAGE

Collingworth, Charles J., Mention of Work by..... 418
Cremation..... 289, 294
Criminals, Treatment of..... 251
Curing Sterility by Law 458
Cystic Tumor of Conjunctiva Produced by Striking the Eye with Bristles of a Hair Brush..... 198
Czermak, Wm., Mention of Work by.... 18
Danger in Using Lead Water Pipes..... 314
Dangerous Glove..... 371
Davies, N. E., Mention of Work by..157, 374
Davis, G. G..... 346
Davis, John D. S., Mention of Work by.. 456
Delafield, Francis, Mention of Work by.. 138
Demarquay, J. N., Mention of Work by.. 139
Després, Akmand, Mention of Work by... 455
Dock, George, Mention of Work by..... 456
Doctor at Home 237
Doctors' Prescriptions and Druggists' Mistakes..... 354
Double Cyanide..... 379
Duvall, W. A..... 8
Ear Diseases and Nervous Depression..... 37
Eccles, A Symons, Mention of Work by.. 14
Ectopic Gestation..... 44
Eczema, Treatment of..... 221
Edgar, J. C., Mention of Work by..... 473
Electricity, Some New Uses of..... 387
Electricity, The Conservative Treatment of Inflammatory Disease of the Uterine Appendages, and Sequlæ by..... 406
Electricity, The Treatment of Chronic Catarrhal Salpingitis by..... 427
Electricity, Use of by the General Practitioner 341
Elmer, Albert D., Mention of Work by... 254
Empyema following Fibrinous Pneumonia 316
Endarteritis, Chronic 33
Epidemics, Psychology of..... 238
Ergot in Obstetrics, Use of..... 327
Erysipelas, Operative Treatment of..... 358
Erythema, Significance of..... 215
Erythroxylon Coca..... 272
Eye-Surgery, Delusions in..... 17
Family Physician..... 378
Fees in New York..... 297
Femur, Angle of the Neck of..... 139
Fibroids of the Uterus, Two Cases of Complete Cure of, under the Apostoli Method 331
Flannery, F. J..... 233
Flint, James M., Mention of Work by.... 251
Foreign Bodies in the Air Passages..... 421
Fothergill, J. M., Mention of Work by... 15
Fowler's Solution..... 215
Foy, George, Mention of Work by..... 253
Friedenwald, A..... 205
Friedenwald, A, Mention of Work by.... 158
Fullerton, Anna M, Mention of work by. 250
Gardner, Wm. S.....183 461 481 506
Gastric Juice a Germicide..... 317
Germicidal Action of Blood-Serum and other Body Fluids..... 297
Glycogen in the Cerebral Cortex in Diabetes..... 476
Goelet, A. H..... 407
Gonorrhœa, Chronic..... 36
Gonorrhœa in the female, Treatment of. 316
Gonorrhœal Rheumatism..... 306
Godhart, J. F., Mention of Work by..... 138

PAGE.

Grady, Richard, Mention of Work by.... 255
Graphic Arts in Medicine..... 78
Graydon, A..... 383
Green, Chas. W., Mention of Work by 158, 374
Growing Pains 517
Gubb, Alfred S., Mention of Work by.... 15
Hagerstown Meeting..... 55
Hammock Cure..... 99
Hardaway, W. H., Mention of Work by. 497
Harlan, Herbert.....397, 447
Harley, George, Mention of Work by.... 252
Harris, R. P., Mention of Work by..... 13
Hartwell, E. M.....441, 501
Health Advantages of a Sea Voyage..... 316
Health Officer, Future..... 278
Health Resort, The Sanitary Condition of, with some Pertinent Facts about Atlantic City..... 123
Hemming, W. D., Mention of Work by.. 15
Hepatic Abscess, Surgical Aspects of..... 358
Hernia Gangrenous, Management of..... 77
Hernia, Some Practical Points on..... 81
Hernia, Strangulated Inguino-Scrotal of Huge Proportions, Radical Operation, Recovery..... 77
Hoarseness, Immediate Relief of..... 32
Hodgdon, A. L., Mention of Work by.... 17
Hoffman, Robert.....344, 381, 403

HOSPITAL REPORTS.

Maryland Penitentiary, Physicians' Report of the..... 233
Presbyterian Eye, Ear and Throat Charity Hospital of Baltimore; Annual Report for 1889..... 232
Presbyterian Eye, Ear, and Throat Charity Hospital, Report for March..... 474

Hutchinson, J., Mention of Work by... 138
Hypertrophy of the Tonsils, The Conditions which Complicate.....215 376
Hypnotism, Review of.....141, 161
Inaugural Address..... 41
Induced Premature Labor, Case of..... 365
Infantile Mortality 318
Infant Mortality from Syphilis..... 28
Influence of Fatigue on the Development of Microbal Diseases..... 377
Influence of Sanitation upon Obstetrical nnd Gynecological Surgery..... 516
Influenza 175
Influenza amongst Horses 317
Influenza, Complications of the Recent Epidemic of..... 249
Influenza Epidemic, Progress of the..... 217
Influenza in Italy, Dr. Baccelli on..... 296
Influenza of 1847..... 218
Influeza; Russian Features of the Epidemic 235
Influenza, Treatment of..... 199
Injections in Acute Gonorrhœa..... 378
Injuries of the Blood Vessels during Operations in the Axilla..... 401
Inspection of Meat and Milk with Special Reference to Tuberculosis 261, 278
International Medical Congress..... 475
Intestinal Occlusion, Treatment of..... 377
Intra-Uterine Infection, Conditions of. . 9
Iodism, Treatment of..... 191

PAGE.

Ireland, W. W., Mention of Work by.... 157
Jackson, N. R., Mention of Work by..... 357
Jackson. George T , Mention of Work by. 252
Jacobi, A.. Mention of Work by..... 159
Jaundice during Pregnancy..... 314
Johns Hopkins Hospital, Medical Instruction at the..... 58
Johnson, Robert W..... 81
Jones, Mary A. D., Mention of Work by.. 159
Kay, T. W. Mention of Work by.....17, 357
Keetley, C. B., Mention of Work 138
Kidder, J. A , Mention of Work by..... 251
King, A. F. A., Mention of Work by..158, 357
Craniotomy Justifiable upon the Living Child..... 181
Knipp, H. E 221
Koch, Carl, Mention of Work by..... 497
Krafft-Ebing, R. von, Mention of Work by 16
Laffont, Marc 273
Landry's Paralysis Bacilli in..... 216
Laparotomy for Ectopic Pregnancy, with Report of a Successful Case..... 281, 303
Laveran's Organisms..... 298
Lee, Wm..... 88
Lee, Wm., Mention of Work by..... 251
Leprosy, with Report of a Case...381, 403, 489
Lewis, R. H., Mention of Work by..... 254
Library of the Faculty, Value of to Members..... 135
Liebig, G. A., Jr..... 466
Liebig, G. A., Jr., Mention of Work by... 434
Lister's Double Cyanide Gauze, Preparation of..... 313
Local Health Officer, Duties and Compensations of..... 17
Locomotor Ataxia, Suspension in..... 134
Loomis, A. L., Mention of Work by..... 151
Lorini, R., Mention of Work by..... 251
"Love," is not Blind 437
Macalister, A., Mention of Work by..... 253
Macfarlane, A. W., Mention of Work by. 253
MacNeill, J. E., Mention of Work by..... 17
Magistral Prescriptions..... 196
Maisch, Mention of Work by..... 254
Marcy, H. O., Mention of Work by 497
"Masseur," Invasion of the... 217
Massey, G. B..... 427
Matthews, Washington, Mention of Work by 251
Mays, Thos. J. 25
Mechano-Therapy in Sweden and Germany 441, 500
Medical and Chirurgical Faculty of Maryland 18, 494
Medical and Chirurgical Faculty of Maryland, Annual Meeting of.....454, 471, 512
Medical Bill in Jeopardy..... 513
Medical Bill, Status of the..... 494
Medical Items.....20, 38, 60, 79, 100, 120, 140, 160, 179, 200, 219, 239, 279, 300, 319, 340, 359, 379, 400, 419, 439, 459, 479, 500, 519
Medical Legislation..... 97
Medical Legislation in Maryland, The Need for..... 71
Medical Legislation, The Principles that Should Underlie..... 78
Medical Legislation, United Action Needed in..... 119
Medical Reforms..... 174
Medical Societies, Use of..... 355
Medical Utopia..... 98
Melanotic Sarcoma of the Choroid, Case of 301
Meltzer, S. J., Mention of Work by..... 436
Membranous Inflammation of the Larynx and Trachea in an Adult, A Fatal Case of 361
Mercurial Flannel..... 197
Meteorological Statistics 247
Michael, J. E..... 67
Micro-organisms in Water..... 216
Microscope in Diagnosis 29
Migraine, Formula for..... 33
Miller, John S..... 224
Mills, Wesley, Mention of Work by..... 16
Miltenberger, G W., Mention of Work by 255
Mind Blindness 477
Minor, T. C., Mention of Work by..... 157
Minot, C. S , Mention of Work by..... 251
Morison, R. B..... 41
Morris, Henry. Mention of Work by..... 156
Morrow, Prince A., Mention of Work by. 254
Morton, Thomas G. 484
Morton, Thos. G., Mention of Work by.. 474
Morton, Thos. S. K..... 1
Munzer, E , Mention of Work by..... 18
Nall, Samuel, Mention of Work by..... 15
Naples and Tuberculosis a Century ago.. 357
Neale, L. E..... 268
Necessity of a Law to Prevent Incompetent Persons to Act as Physicians..... 373
New Broom begins to Sweep..... 437
New Foreign Medical Journals 315
Noble, C. P.....364, 365
Nona..... 474
Norris, Richard C., Mention of Work by. 435
Notes on the Use of Static Electricity in General Practice 383
Notification in South America..... 518
Notification of Contagious Diseases..... 512
Nurses and Doctors..... 415

OBITUARY.

Dr. Charles O'Donovan, Sr..... 295

O'Dea, James J., Mention of Work by.... 252
Ohmann-Dumesnil, A. H., Mention of Work..... 17
Oleson, Charles W., Mention of Work by 399
Oliver, C. A., Mention of Work by..... 159
Origin and Treatment of Pus Accumulations in the Female Pelvis..... 61
Osler, Wm. Mention of Work by..... 159
Ostrom. Kurre W., Mention of Work by.. 418
Otis, F. N., Mention of Work by..... 18
Ovarian Cyst in a girl of 14..... 446
Pancreatic Cyst..... 511
Paralysis of Children..... 476
Parvin, T., Mention of Work by..... 138
Pathogenic Germs, The Influence of Gastric Juice on..... 476
Pathology in its Relation to General Biology 311
Perineum, Protection of the..... 183
Peritoneum, Flushing the..... 19
Permission to Operate..... 310
Persistent Headaches and How to Cure them..... 104
Peterson, Frederick, Mention of Work by 358
Phenacetine, Effects of..... 236
Photophobia, Treatment of..... 376

PAGE.

Phrenic Nerve, Effect of Section of the.. 357
Phthisis, A New Epidemic of..... 179
Phthisis, Contagious 8
Phthisis in High Altitudes in Switzerland 173
Phthisis, Pyrexia of..... 30
Phthisis, the Curability of..... 248
Phthisis, Various New Remedies in the Treatment of..... 37
Plaster of Paris Splints..... 319
Playfair, Mention of Work by..... 13
Platt, W. B..... 446
Pneumonic Infection, Influence of Cold in 376
Pneumonokoniosis 438
Posse, Baron Nils, Mention of Work by.. 16
Potassium, Iodide of, as a Cardiac Tonic.. 36
Potter, S. O. L., Mention of Work by.... 398
Potter, W. W. Mention of Work by..... 474
Practice of Medicine and Surgery in Maryland, Bill to Regulate.....205, 212, 435, 456
Presbyterian Eye, Ear and Throat Charity Hospital, February, 1890, Monthly Report of..... 378
Prescriber's Lapus Pennæ..... 518
Preston, G. J.....141, 161, 341
Price, Joseph, Mention of Work by..... 516
Price, Mordecai..... 44
Primary Actinomycosis of the Apex of the Lung..... 247
Prognostic Significance of Moderate Cardiac Hypertrophy and Dilatation..... 376
Prolonged Labor, A Case of, with Craniotomy 364
Propagation of Communicable Diseases and their Prevention..... 201
Prostate Gland..... 514
Prudden, T. M., Mention of Work by, 16, 138
Pruritus Vulvæ, Treatment of 35
Psorasis, Successful Inoculation of..... 518
Ptomaine Poisoning, An Obscure Case of. 166
Puerperal Period, Diseases of the.461, 481, 506
Puerperal Eclampsia, Notes on, with Report of Four Cases 268
Pulmonary Cavities, Physical Signs of... 159
Pulmonary Consumption, Early Detection of..... 241
Pulmonary Consumption, Treatment of.. 25
Pulmonary Phthisis and Pulmonary Tuberculosis 453
Rachitis, Considered in Regard to Some of its Spinal Symptoms..... 85
Randolph, R. L., Mention of Work by... 497
Recent Observations on the Motor Path.. 230
Reforms in Medical Education..... 312
Regulation of the Practice of Medicine in the District of Columbia..... 299
Rest and Exercise in Heart Disease..... 56
Retina, Detachment of the..... 205
Roberts, J. B., Mention of Work by...17, 157
Rohé, Geo. H.....181, 193
Rohé, George H., Mention of Work by.... 434
Roosa, D. B. St. John. Mention of Work by 11
Saccharin, Effects of, on the Assimilation of Fat..... 476
Saccharin, Story of..... 478
Sacral Tumor, Removal of 318
Salol, Treatment of Pharyngeal Angina by 33
Sanitary Reform..... 10
Sanitary Supervision of Schools, Necessity for..... 297

PAGE.

Schmidt Rimpler, Herman, Mention of Work by..... 497
Schmiegelow, E., Mention of Work by... 497
Sea-sickness, Regulation of Breathing in 31
Sea Voyage in Therapeutics..... 433
Secretaries of Sections of American Medical Association..... 371
Seibert, A., Mention of Work by..... 159
Semple, C. E. A., Mention of Work by.15, 157
Senn, N., Mention of Work by..... 14
Shertzer, A. Trego..... 185
Shoemaker, John V., Mention of Work by..... 156
Singer, J., Mention of Work by..... 18
Skene, A. J. C., Mention of Work by.... 253
Sleeping Draught..... 238
Smith, A. H., Mention of Work by..... 252
Smith, J., Mention of Work by..... 252
Smith Joseph T..... 101

SOCIETY REPORTS.

Baltimore Academy of Medicine 8, 51, 171, 209
Baltimore Medical Society...152, 208, 335, 411
Clinical Society of Maryland.....26, 153 170
225, 349, 368, 429, 492.
Maryland State Veternary Society..... 274
Medical and Chirurgical Faculty of Maryland.....92, 115, 131
Medical and Surgical Society of Baltimore.....67, 172, 189, 309, 413, 430
New York Academy of Medicine, Section on Orthopædic Surgery....186, 227, 389, 467
Philadelphia County Medical Society.333 349
Philadelphia Obstetrical Society Reports 448
Washington County Medical Society..... 493

Speculum in Ancient Surgery..... 99
Squire, Balmanno, Mention of Work by.. 254
Starr, Louis, Mention of Work by 138
State Board of Healh 238
State Faculty, Semi-Annual Meeting of.. 10
State Medical Societies, Meetings of, in 1890..... 477
State Society, The Coming Meeting of 397, 417, 434
Stevens, George T., Mention of Work by.. 456
Stone in the Bladder, A Case of..... 169
Stuttering..... 178
Street, David..... 306, 515
"Strike" among Medical Men..... 214
Suppurative Mastoiditis, A Case of..... 447
Supra-Vaginal Hysterectomy, Case of.... 224
Suspension for Ataxy, Fatal Result of.... 197
Sweating of the Feet 173
Syphilis, Treatment of..... 155
Systematic and Didactic Lectures..... 316
Tait, Lawson, Mention of Work by...254, 473
Taste, Physiology of..... 437
Taylor, Robert W., Mention of Work by. 15
Tenth International Medical Congress.395,470
Tenth International Medical Congress, Invitation to..... 257
Tests for Color Vision..... 316
Thin, George, Mention of Work by..... 252
Thorowgood J. C., Mention of work by.. 15
Tiffany, L. McL., Mention of Work by... 17
Toilet Soaps..... 432
Transmission of Disease by Brushes and Dental Instruments..... 109

	PAGE.
Treat, Charles R., Mention of Work by	255
Tuberculosis	195
Tuberculosis in Sleeping Cars	75
Tympanites, Prescription for	215
Typhoid Fever	101
University of Maryland, Changes at	175
University of Maryland, Extract from Historical Sketch of the	285
University of Maryland, Faculty of Physic	497
University of Maryland, Progress at the	136
Vaginal Hysterectomy, Two Cases of, for Epithelioma of the Uterus	243
Vaginal Injections of Corrosive Sublimate and Naphthol	475
Van Bibber, W. C.	201
Vanderveer, A., Mention of Work by	159
Van Lennep, Wm. D., Mention of Work by	17
Venesection in Chlorosis	215
Vermiform Appendix Inflammation of	401, 484
Victims of Medical Progress	29
Wallian, S. S. Mention of Work by	139
Warning	518
Waters, E. G.	140
Watkins, T. J.	421
Watson, W. P., Mention of Work by	17
White, W. H.	245
Whooping Cough, Eucalyptus in the Treatment of	118
Whooping-Cough, Is Phenacetine a Remedy in	35
Williams, Charles B.	321
Williams, P. C.	327
Wilson, Robert T.	514
Winckel, F., Mention of Work by	138, 473
Winslow, R.	121, 147, 401
Witkoski, S J., Mention of Work by	157
Wolff, L.	46
Woman's Hospital	231
Woods, Hiram	250, 301
Worcester, A., Mention of Work by	418
Wyman, Hal. C.	376
Yarrow, H. C. Mention of Work by	251
Yellow Fever, Sternberg's Alkaline Treatment for	72
Yoe, I. Burney, Mention of Work by	516
Ziemssen, H. von, Mention of Work by	252
Zoster on Infectious Disease	214

Original Articles.

STRANGULATED INGUINO SCROTAL HERNIA OF HUGE PROPORTIONS; RADICAL OPERATION; RECOVERY.

BY THOMAS S. K. MORTON, M. D.,
OF PHILADELPHIA.

It has, with great truth, been said that no two cases of hernia are ever alike, and that each one as it comes to hand presents some novel feature. So much is this the case, that one is tempted to report every case of herniotomy. Therefore, some very unusual or instructive features must be present to at all justify the report of an isolated case. Such, I think, are to be found in the history of the following case, the points of which are: the size of the hernia; duration of the anæsthetic state; the contents of the sac; the question of removal of a testicle; the mode of reduction; the radical closure of the hernial opening; and the after treatment.

Mr. M. C. B., a strong healthy man, of almost fifty-seven years, strained himself fourteen years ago whilst pulling a heavy satchel across the floor. It caught in a splinter, and, as a result of straining to dislodge it while in a stooping position, he felt something give way in the left groin, and became exceedingly faint. Shortly after this a small, reducible, but constantly reappearing tumor, came into the scrotum, and, as time went by, became gradually larger and larger.

Several years after the first appearance of the tumor, and when it had attained quite a large size, he become subject to occasional attack of strangulation, which always required anæsthesia for reduction. Then, after one of these attacks, a large portion of the tumor became irreducible, and so remained. After this, when the seizures came on, strangulation could always be overcome by reduction of a portion of the hernial contents, but the entire tumor never could be reduced. Several more attacks of strangulation occurred at varying times after this, when more intestine would become prolapsed, but relief was invariably obtained upon reduction of the newly prolapsed and strangulated portion. While strangulation lasted his chief symptom always was an agonizing dragging pain at the pit of the stomach. By wearing a truss over the external abdominal ring, that portion of gut which prolapsed and produced strangulation was more or less effectually kept up.

About 8 o'clock P. M., April 10, 1889, while at work in the post-office, he felt the hernia slip out, and became a little faint and sick; but after lying down for a short time, continued at his work until midnight. At 1 o'clock A. M., he reached his home in West Philadelphia. His sensations were then different from anything he had ever experienced before, and he was certain that he was about to die,—on other similar occasions he had always been most confident and hopeful. At 3 o'clock A. M. he was seen by Dr. Lampen, who always heretofore had been able to reduce the strangulation by taxis. The doctor, therefore, promptly placed the patient under anæsthesia, but was unable to reduce the tumor after an hour's application of taxis. He, however, could not stop the ether on account of the patient's terrific sufferings. Ether, with an occasional application of taxis, had been kept up continuously from 3 o'clock A. M. until 8 o'clock A. M., when I saw the case in consultation. The patient's condition at that time was fairly good, but he was much depressed by the prolonged anæsthesia. No fecal vomiting had occurred.

Upon examination, an enormous left-sided inguino-scrotal hernia was discovered. It was fully as large as a man's head, and the skin covering it was exceedingly tense, shiny, and almost black from congestion and impeded circulation. Fluctuation was marked over the upper and outer portions of the tumor, whilst at that portion nearest the knees was present a large semi-globular boggy mass just beneath the skin. Consent to operation having been obtained from the wife, taxis of short duration was unsuccessfully employed, and operation at once proceeded with. Full aseptic precautions prevailed throughout. A six-

inch incision was made in the line of the tumor and canal, and carried down to the sac, which was punctured and torn to an equal length. Abont a pint of brown-tinged, odorless serum escaped from the opening, and small intestine immediately came into view. This was highly distended with flatus, almost black, suffused, and in places ecchymotic. The constriction was then sought for and found to be at the external ring. This was incised upward and the small bowel (some three feet in length), after it had begun to change color, was, with some difficulty reduced into the abdomen, a healthy portion first having been pulled down at each extremity to make sure that no constriction existed at a higher or lower point. Attention was now turned to the remaining prolapsed mass. This had the appearance of being an enormously hypertrophied omentum, and was not in the slightest degree strangulated or congested. At first sight I took this mass for omentum, so great was its resemblance thereto, and it was only upon most careful examination that its true nature was revealed. It proved to be the entire colon, except, possibly, its cecal extremity, which could not be distinguished in the confused mass. The discovery was made by finding, deep between two large layers of fat, a band of fibrous material, through which muscular fibres coursed, and, later, by finding a small, fecal mass in the lumen. The bowel was absolutely collapsed, practically free of feces, and deeply buried in hypertrophied, fatty surroundings. The mesocolon also participated in these changes, and was likewise rendered almost indistinguishable by fat deposit. Only a longitudinal half-inch strip of bowel could anywhere be brought to sight. The epiploic appendages participated in the general hypertrophy, and were enormous. The mass was separated from its many adhesions to the sac, but from its great size, after separation, could not be reduced through the abdominal rings. Hence the original incision was enlarged upward upon the abdomen and downward so as to include the rings. The colon was then easily reduced, and attention turned to the sac. This was found universally adherent, and particularly to the peri-testicular tissues. It was stripped up in one piece, however, as far as the internal ring, where it was ligated in sections, and the external portion cut off; the stump being held by forceps until it should be wanted later. I did not employ the method of dealing with the sac that is recommended by Macewen, because of the very large mass of perhaps devitalized tissue which it would, by that method, have been necessary to leave in the abdomen.

The left testicle was elongated, hypertrophied, and so enveloped by the sac as to give it much resemblance to a pro lapsed kidney, but examination quickly demonstrated its identity also. After the sac had been stripped up, it was found that the testicle was left without any vascular attachment, except through its cord. Then arose the question whether it should be allowed to remain. This was decided in the negative for the following reasons: after separation of the sac the testicle remained without any vascular attachment except the cord; it was hypertrophied, and likely would require more blood than could be conveyed to it by the perhaps occluded or bruised cord; the patient was over fifty-six years of age; the opposite organ was apparently healthy; and, most decisive of all, the pillars of the ring could not be so accurately closed with the cord running through them and so radical a result secured as if they were accurately approximated throughout. Again, had the organ been allowed to remain, its life was by no means certain, and its death might have made a very dangerous complication during convalescence. Hence, the cord or pedicle was ligated high up, the testicle detached, and the stump dropped into the peritoneal cavity. The abdominal wound was then closed by strong silk sutures, embracing the abdominal wall and peritoneum, and in the lower portion of the wound, also the pillars of the ring, thus securing an effectual closure of the entire hernial opening. The sutures embracing the sac extremities were so tied that the sac edges did not come between the pillars of the ring,

but were kept entirely behind, but in close apposition to their under surface. That portion of the wound which extended down upon the scrotum was obliterated by deep sutures and was not drained, but a large glass drain was carried to the bottom of the pelvis through the upper portion of the abdominal wound. The peritoneal cavity was then tremendously irrigated with hot water, the sutures were tied, and an aseptic dressing applied over all. The patient urinated naturally shortly after coming out of ether, and the urine was not drawn at any time during convalescence. The cotton rope in the drain-tube was several times renewed during the first twenty hours as it became saturated.

As soon as consciousness returned he was put upon powders of calomel, gr. $\frac{1}{10}$, and podophyllin, gr. $\frac{1}{6}$, every half hour. These he took for twelve hours, and then was placed upon one drachm of Epsom salts hourly. No food was allowed for twelve hours. Bowels moved very freely next morning with the aid of an enema. From the time of coming out of ether until the following day, he was most violently restless, pitching and tossing about the bed in an uncontrollable manner. Somehow in the night he had, without the knowledge of those about him, managed to withdraw the drain-tube. This I found lying loose in the bed when I saw him early the next day. The bowels having by that time moved freely, and the belly being flat, and no pain present, I determined not to reinsert the tube unless compelled to do so later. Milk in small but increasing quantities was allowed from the twelfth hour on. Jactitation controlled by fifteen-grain doses of chloral;—from first to last he never received opium in any form.

April 15. Belly slightly full. Still somewhat restless; for this more chloral. Bowels again freely moved as before. Temperature has not been above normal yet. Violent bronchitis present as result of prolonged etherization.

16*th*. Belly much more swollen, nausea, and non-fecal vomiting, complains much of belly pain, racking hiccough present, but he continues nourishment and is taking champagne. Bowels not moved to-day. Decided to reinsert tube. Removed stitch at extreme upper portion of wound, and put a large glass drain down toward hollow of pelvis, and through it drew off about two ounces of turbid but odorless bloody serum. Wound in excellent condition. Left the tube in position. It was not thought necessary or prudent to wash out the peritoneal cavity. Again put him on mercury in fractional doses. Bronchitis improving, but much purulent expectoration continues.

16*th*. Bowels freely open. Small amount of serous straw-colored discharge from tube. Abdomen much more flat and no longer tender. Hiccough and vomiting continue obstinately. For latter symptoms ordered cocaine gr. $\frac{1}{10}$ sodii bicarb. gr. 2, cerium oxalate gr. 2; every two hours.

18*th*. Vomiting and hiccough entirely under control. Bowels opened of their own accord; abdomen entirely flat and painless. Discharge had ceased, so tube was removed, as also were all of the sutures. Patient eating and sleeping well. Bronchitis about well.

22*nd*. Diet now unrestricted; bowels moving naturally; drain-tube wound granulating; no bronchitis.

On May 4th he sat up, and from that time his progress has been to perfect recovery, with no sign of return of the hernia. The cicatrix is dense, and apparently a perfect radical result will be gained. He will be directed, nevertheless, to wear a properly constructed support for a long while to come.

This case, of course, is not reported as one of radical cure of hernia, for whether that desideratum has been attained cannot be told until at least a year has passed. But I have considerable hope of the cure being permanent, on account of complete former success with the above method—exclusive of the removal of the testicle.

Dr. Carl Koller, the discoverer of cocaine anæsthesia, has been made Instructor in Ophthalmology at the New York Polyclinic.

CONCENTRATED SOLUTION OF MAGNESIUM SULPHATE AS AN ENEMA, WITH SOME POINTS RELATIVE TO THE PHYSIOLOGY OF THE ABDOMINAL CIRCULATION.*

BY T. J. WATKINS, M. D.,
OF CHICAGO.

I desire to call attention to the mode of action of magnesium sulphate, when given as an enema, in a concentrated solution; to its effect upon the abdominal circulation; to the relation this circulation bears to the general circulation; and to its use particularly in gynecology.

Armand Moreau,† in experimenting with magnesium sulphate, found by placing a solution in a knuckle of intestine, isolated by means of two ligatures, in a cat, that a serous exudation was produced (these ligatures were placed so as to interfere as little as possible with the circulation); and Dr. Lauder Brunton‡ found, by injecting one grain of the salt to each square inch of the intestine in a cat, that two-thirds of a drachm of fluid was exuded in four hours. Dr. Mathew Hay§ observed that, by giving salines in a concentrated solution by the mouth, there soon occurred a decided concentration of the blood, which he estimated by finding the increase of blood corpuscles to the cubic millimetre. The bowels having been well emptied, he gave three-quarters of an ounce of the salt and in half an hour (the time of greatest concentration), obtained an increase from 5,000,000 to 6,790,000, that is, of 1,790,000 to the cubic millimetre. This increse was not obtained if the alimentary canal was not emptied, or if a diluted solution was used. He attributed the concentration to the action of the salt in depriving the tissues of water, and so concluded that the exudation of water must be much greater than would be shown by the blood corpuscles. The concentration was found to last four hours and was followed after some hours by a second concentration (whether concentrated or dilute solution was used), which he attributed to the action of the salt upon the intestines and kidneys. The second was less in degree and lasted the greater part of a day. Very little effect was produced upon blood pressure. He thinks no other drug excites so powerful an exudation, and prefers it to any of the other salts on account of its free solubility.

I use two ounces of salt in a four ounce solution. It acts in a half hour (the time at which Dr. Hay found the greatest exudation), or sooner, producing one or two movements of a pint or more of exuded liquid. A calculation based upon Dr. Brunton's experiments would show, approximately, an exudation of one to one and one-half pints in four hours. Dr. Brunton's figures are probably too small for the whole amount of exudation for four hours, as in this time much of the diluted solution would be reabsorbed, and as the amount exuded would depend greatly upon the extent to which the solution used was diluted. Dr. Hay's observations would show an increase of 35.8 per cent. in the blood corpuscles, which is equivalent to a decrease of the same per cent. in the water of the blood, or a little more than seventy-four ounces. This is a larger amount than could possibly be exuded without producing a decided impression upon the system; but that there is a great increase is beyoud a doubt, and the great difficulty of estimating the effect upon the blood by counting the corpuscles is most obvious.

The amount of water exuded would be greater in the large intestine than in the stomach, as in the former it would come more in contact with the small blood-vessels, and as the contents of the intestine are less liquid. I have not been able to find any perceptible change in blood pressure, and in some of the cases where the patient was very weak, the salt has been used with much reluctance, but even in these the blood pressure has

*Read before the Gynecological Society of Chicago, Friday, June 21, 1889.
†Archives Gé., 6me, ser. t. xvi., p. 234.
‡Medical Press and Circular, Dec. 31, 1873.
§The Lancet.

not been affected. Its action is not prolonged, as, after the bowels have moved once or twice, all desire to go to stool disappears. In some few cases there was an increase of from four to eight ounces of urine during the twenty-four hours following its administration, but, as a rule, it did not affect the urinary secretion, and in cases where it did the bowel failed to expel all the exuded water, and the diluted saline became absorbed and was excreted partly by the kidneys. That its action is due to simple diffusion seems quite evident, as, if it acted after being absorbed, the time intervening between administration and action would be much longer, as its action upon the kidneys is more decided when given by mouth or hypodermically, and as there is no physical obstacle to its diffusion. Its want of action upon the kidneys would indicate that little or none is absorbed, and Headland‖ states "that when it is given by the mouth it acts partly by diffusion, and is only absorbed after becoming properly diluted by the gastric and intestinal fluids;" therefore, when the concentrated solution is given as an enema, it undoubtedly is expelled before any appreciable amount is absorbed. It is never followed by any colicky pains, as would be the case were its action due to intestinal peristalsis, nor could the amount of fluid or its prompt and limited action be accounted for in this manner. That magnesium sulphate when given by the mouth does not produce peristaltic action of the intestines L. Legros¶ and M. Van Houckgeest* have experimentally proven. Its action may be summed up as follows: It acts by diffusion, extracting water from the tissues and small blood vessels; it does not materially affect blood pressure or the urinary secretion; the greatest secretion exists in the intestine from one-half to three-quarters of an hour after administration; very little or none is absorbed, and it does not cause increased peristalsis of the intestines.

The intestines are not unlike the other organs, in that they suffer from poor circulation and nutrition whenever their functions become impaired. The effect upon the blood-vessels of the large intestine is more marked than in most other organs, on account of their great number, their tortuous course, which facilitates the movements of the intestines, their want of valves, and the want of support to their walls, which allows them to dilate to an enormous extent. As the lower bowel becomes filled or impacted the circulation becomes obstructed by pressure effects. The blood vessels of the large intestine thus become engorged, the veins and sinuses become dilated, as is seen in the hemorrhoidal veins, and as a result, all the other abdominal vessels suffer from a mechanical passive congestion and from an effect brought about through the depressor nerve, which will be described when speaking of its action.

The saline presumably acts upon about 100 square inches of the estimated 1,400 square inches of the intestinal tract, depleting the tissues of water and relieving the dilated veins and sinuses; as this takes place, the circulation becomes active and allows the parts to regain their normal blood supply, and thus the other abdominal vessels are relieved of the passive congestion. The passive congestion of these vessels causes no active disturbance in a healthy person, but is manifested when the circulation is defective in the lungs, heart, skin or kidneys. This is likely the condition in the liver in many of the cases that used to be known as "biliousness" or "bilious fever." The best method of increasing the amount of blood in any organ is to increase its action, as is seen in all the secreting membranes, the kidneys and the skin. The great function of the large intestine is elimination, and this the saline forces to its full extent, opening up all the secretive orifices and depriving the interstitial tissues of water. The abdominal vessels, in addition to performing the general functions of other blood channels, act as reservoirs when any of the other channels are defective, or when the heart receives the impression of being overworked, and are controlled by a safety-valve, as it were, of the depressor nerve. In studying the

‖"Action of Medicine," 9th American edition.
¶Gaz. Méd., 1873, p. 300.
*Pflüger's Archiv., 1872, p. 266.

effects on blood pressure of the variations of the blood supply to the brain in the rabbit, it was found that, by clamping the carotids, a rise of blood pressure of 20 to 30 m. m. Hg. immediately resulted, and after the lapse of four to six seconds a further marked increase of blood pressure suddenly occurred. S. Mayer† accounted for the first increase of blood pressure by the mechanical effect of shutting off this large vascular area, and the second by the anæmic condition of the brain that resulted, stimulating the vaso-constrictor centre. It was later observed by Cyon and Ludwig‡ that the effects on blood pressure of clamping the carotids depended much upon the nerves of the carotid sheath; that when intact these nerves kept down the blood pressure and that when severed it enormously increased. Sewall and Steiner§ made a very careful study of the nerves of the carotid sheath to ascertain whether this action depended upon the vagi, sympathetics, or depressors, and found that the influence of the vagi and sympathetics was slight. As to the part taken by the depressors, they say: "Turning now to the remaining pair of nerves, the depressors, we found that upon the condition of these depended all the phenomena of blood pressure which follows clamping the carotids. When the depressors are divided, either before ar after section of the vagi and sympathetics, occlusion of the carotids is followed, either immediately or after a latent period, by a considerable elevation of blood pressure. A single example is sufficient to indicate the result. Rabbit; morphia, chloral and curette. Blood pressure about 75 m. m. Hg. 1. Clamped carotids; pressure rises 8 m. m. Hg. 2. Cut sympathetics. 3. Clamped carotids; pressure rises 12 m. m. Hg. 4. Cut vagi; mean pressure rises to 100 m. m. Hg. 5. Clamped carotids; pressure rises 12 m. m. Hg. 6. Cut depressors. 7. Clamped carotids; pressure rises 65 m. m. Hg." That the depressors keep down the blood pressure is obvious, as it nearly doubles when they are cut. Stimulation of the central cut end of the depressor nerves causes a slowing of the pulse as a lowering of arterial blood pressure. If the action is due to a dilatation of the blood vessels lowering the arterial blood pressure, as is most probable, then, as a natural consequence, the heart would have less work to do and the pulse would be slowed. The different results obtained by clamping the abdominal aorta and carotids, with the depressors intact and divided, led Sewall and Steiner to think that the depressors may have their chief if not entire action upon the abdominal circulation. To prove this they cut the depressors in five rabbits; one died, one was killed at the end of twenty-three days, and three at the end of three months. They anticipated that if the depressors had their action upon the abdominal blood vessels a change of structure in the heart and kidneys would occur; but, with the exception of one rabbit, in which a slight albuminuria was present, the results were negative. Whether these changes would occur or not depends upon whether the action of the depressors is tonic, or whether they act only as a safety valve. If the latter is true, then no organic changes would occur unless the heart received a sensation of overwork and the want of depressors would not be noticed. Cyon and Ludwig observed no elevation of blood pressure as a result of division of the depressors, and concluded "that their inhibitory action is not tonic or constant:" but Sewall and Steiner found that, with few exceptions, the blood pressure following their division (which was done with the greatest care), was elevated slightly, and were led to believe "that, if the depressors are not in tonic action, they are at least extremely sensitive to changes in the resistance of the heart's action." It would be easier to make a mistake in favor of tonic action, as it would be very difficult, if not impossible, to record the blood pressure without disturbing the heart's action; and that the hearts of the rabbits experimented upon were not hypertrophied would demonstrate that the action is not tonic.

Clinical evidence is very strong, if not

†Wiener Sitzungsbericht, 1876, Bd. lxxiii., S. 85.
‡"Arb aus d. Physiologie." Ans alt zu Leipzig, 1866, S. 128.
§Foster's Physiological Journal, vol. vi., p. 162.

conclusive, that the depressors have their chief if not entire action on the abdominal vessels. In insolation there are the free liquid evacuations, which last but for a short time and are not unlike the discharges caused by magnesium sulphate enemas; the skin is hot and dry; all secretions are checked; there is very little if any secretion of urine—which would cause the internal organs to become congested. Aside from this, the peripheral resistance to the heart is greatly increased, and, in consequence, the abdominal vessels become dilated by the action of the depressors, and the exudation takes place into the intestine. I am unable to find any other explanation for these free liquid discharges of short duration. The amount of this excretion is not less than one to two pints in marked cases of insolation. It has generally been supposed and accepted that the diarrhœas of Bright's disease are produced by retained urinary ingredients, but it has been found, by injecting these into the blood vessels of animals, that the characteristic diarrhœa of nephritis is not produced. It therefore becomes necessary to look for another cause, which I think is found in the action of the depressor nerve. The vascular tension that exists in this disease, which is sufficient to produce these watery discharges, if such an action of the depressor exists, is well known to both the physiologist and the clinician. The retained urinary secretions may be a factor in the cause of this diarrhœa. When the secretion of the skin is free, diarrhœa is seldom present. This action of the skin does relieve the blood pressure, but that it eliminates enough urinary solids to relieve the intestine secretions seems doubtful, if the solids be the cause of the diarrhœa. Chills and the condition commonly known as "colds" often produce slight diarrhœas. In cases where this does not occur, there cannot be much doubt that the liquid is exuded into the bowel. but, not being expelled, is reabsorbed. Diarrhœa is more apt to occur in the latter condition, although in the former the cutaneous obstruction is the greater, but is sooner followed by a reaction; in both it consists of only slight liquid evacuations, and is always obtained by an active cathartic. Any cause that will produce a sudden decrease in the cutaneous circulation seems to produce a disproportionate amount of serous exudation into the intestine. The relation between changes in the temperature of the air from hot to cold, or *vice versa*, and the intestinal secretion, is constant. In the latter stages of a certain class of phthisical cases when the pulmonary circulation becomes obstructed, but where there is no intestinal disease, the same relation between the intestinal and cutaneous secretions exists, and the diarrhœa in these cases is often relieved by cardiac stimulation. The skin is more exsanguinated than would be accounted for by the weak circulation, and the heart receives the same impression of resistance as though the obstruction were cutaneous, but this is relieved by the intervention of the depressor nerves. In cardiac valvular diseases, where the heart is much overworked, diarrhœa is not, as might beexpected, often present; on the contrary, cathartics are often indicated; but the relief from the cathartic is greater than it would be without the intervention of some nervous mechanism. In stimulating the cut end of the depressors, they soon become very weak or fail to respond. This may be their normal function, being only useful for an emergency.

This mechanism of the circulation may throw some light upon the obscure relation that exists between diseases of the heart and kidneys. When the heart has a senation of peripheral resistance, as in an aortic obstruction or regurgitation, the abdominal vessels are kept in a state of chronic congestion; the intestines, becoming habituated to such a condition of affairs, fail to relieve the circulation, and, as a consequence, the kidneys are in a state of chronic congestion; albuminuria results and organic disease follows. This depressor nerve, then, becomes an important factor in the causation of nephritis and nephritic congestions from colds; when the cutaneous circulation is diminished

by a cold, the internal organs become congested, and in addition the abdominal organs are more overcharged with blood by the action of this nerve, and were the circulation not relieved this congestion of the kidneys would remain for some time. It is well to keep in mind th at a large number of kidney diseases originate from colds. The diarrhœa sometimes met with in cellulitis may be similarly accounted for, although the vascular channel here obstructed is small. Moderate exercise improves the general circulation only, while severe exercise stimulates the depressor nerves In this way the diarrhœa following excessive exercise is accounted for. The nervous source produces the same impression of overwork upon the heart as does partial obstruction of one of the blood channels; this is illustrated by the diarrhœa from excessive nervous excitement, which has occurred in the case of army officers before battle. Clinically, the relation of the abdominal to the general circulation may be summed up as follows: It performs the same functions as the other blood channels, and in addition acts as a reservoir, which is controlled by the heart as a sensory organ acting through the depressor nerve; this nerve exerts no tonic or continuous action; anything that gives this sensory organ, the heart, an impression of increased peripheral resistance, causes an increase of the abdominal circulation.

[*To be continued.*]

IS PHTHISIS CONTAGIOUS?

BY WIRT ADAMS DUVALL, M. D.,
OF BALTIMORE.

Doubtless no other disease to which human flesh is heir needs more of the attention of the profession than phthisis, seeking most often its victim from that period of life when hopes are brightest, and in every way and place bringing sadness and sorrow. Certainly every doctor must have seen a case of it, but where is the one who can halt it, much less throw it into flight, when it has fully established itself? I am of the opinion that the future is full of reward for the intelligent worker. I have digressed from my subject, and now to get back to it.

In asking the above question, I wish to offer a means to myself to give the facts of a case that came under my observation.

It is as follows: J. A—, aet. 34 years. Sick about four years; began by "taking cold, which fell on the lungs." Gradually grew from bad to worse, until the usual end was reached. Itwas not until the last three or four months of his life that he was confined to his bed. Mr. A. was a gentleman fond of pets, and during these three or four months, it was his fancy to have his dog in the room nearly all the time.

The animal would jump on the bed with his master, and there often slept, near the mouth that was giving out the poisoned air, thus breathing *that which should be most avoided.* It was not long before the dog began to show signs of starvation, noticeable even to the sick man. The pet's food was looked after, but no change in the condition. Gradually the animal grew worse, and in less than a month after the master's death, the faithful canine had to succumb to the waste and cough. I offer this case as going far to prove my interrogatory.

703 Rayner Avenue.

Society Reports.

BALTIMORE ACADEMY OF MEDICINE.

STATED MEETING HELD OCT. 15TH, 1889.

The first meeting of the session was called to order by *Dr. H. M. Wilson* who then made the

Address of the Retiring President.

Dr. George W. Miltenberger, the newly elected president, then took the chair and delivered the

INSTALLATION ADDRESS.

Then followed the

INSTALLATION OF OFFICERS,

as follows:

President: George W. Miltenberger, M. D.

Vice-Presidents: P. H. Reiche, M. D.; C. C. Bombaugh, M. D.

Reporting Secretary: Wm. B. Canfield, M. D.

Recording Secretary: A. K. Bond, M. D.

Treasurer: G. Lane Taneyhill, M. D.

Executive Committee: P. C. Williams, M. D.; B. B. Browne, M. D.; John G. Jay, M. D.

WM. B. CANFIELD, M. D.,

Reporting Secretary.

THE DIGESTIBILITY OF BOILED MILK.

It is now very regularly recognized, both by medical men and by the more highly educated section of the community, that it is a wise precaution to boil both water and milk before using them as beverages, and the practice is becoming very common. The growth of pathogenic organisms in these fluids, especially in milk, is often very rapid, and thus diseases may be transmitted from one place to another. The temperature of boiling water puts an end to the life of the microbes, and also to the danger of infection. Another reason why boiled milk is so much used, especially in infant feeding, is that it is supposed to be more easily digestible than fresh milk. If, however, we can draw correct deductions from dogs to babies, it would now appear that this belief in the superior digestibility of boiled milk is founded on error. Dr. Randnitz, of Prague, has recently published, in Hoppe-Seyler's *Zeitschrift für physiologische Chemie*, certain very striking experiments on the subject. He admits what anyone may confirm for himself, that milk that has been boiled does not, on cooling and the subsequent addition of rennet, form a large coherent clot, as does fresh milk; but a flocculent precipitate of casein is produced instead. He shows, however, by analysis of the milk itself, and of the urine and fæces, that much less nitrogenous material is absorbed from milk that has been boiled than from the same milk when fresh. The digestibility of fat is apparently unaltered by boiling; the following figures, however, illustrate the fact just alluded to as to the difference of digestibility of the proteid materials; in three days, 15.6 grammes of nitrogen were given in the form of fresh milk; of this quantity, 13.3 per cent. was found in the fæces; the nitrogen of the urine accounted for 77.3 per cent., so that 9.4 per cent. was retained in store by the growing animal. The animal was next fed on boiled milk, and 10.4 grammes of nitrogen were given in that form in two days; 18.6 per cent. of this was found in the fæces, 75.7 in the urine; so that only 5.7 per cent. was assimilated. The belief in the superior digestibility of boiled milk is, however, so widespread that we should like to hear of the confirmation of the above remarkable results before we recommend mothers to leave off what is, from other points of view, the very praiseworthy custom of boiling the milk they give to their children.—*British Medical Journal.*

THE CONDITIONS OF INTRA-UTERINE INFECTION.

Infection of the fœtus before birth is a recognized fact, but it is, perhaps, too readily assumed, that infective material may pass from the maternal into the fœtal blood by the normal channels of embryonic nutrition. Dr. Romeo Mangeri, of Catania, believes this to be impossible. As the result of wide study of the literature of the subject and of original experiments, he has come to the conclusion that no formed elements naturally pass out of the mother's blood into the circulation. Cinnabar, Indian ink, carmine, and other materials were injected into the jugular veins of animals advanced in pregnancy, but in no case could any trace of the substance employed for experiment be found in the fœtus. Passage of formed elements can only occur when the maternal placenta becomes diseased by inflammation, hæmorrhages, etc.; so that the walls of the villi are destroyed. Only under these conditions can septic or specific organisms pass from the mother into the blood of the fœtus.—*British Medical Journal.*

MARYLAND MEDICAL JOURNAL

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WILLIAM B. CANFIELD, A.M., M.D., Editor.

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BALTIMORE, NOVEMBER 2, 1889.

Editorial.

SANITARY IMPROVEMENTS.

The time for our city election draws near, and the political parties are industriously preparing for the contest. What part shall the medical profession take in the struggle? Are there no reforms for which physicians need to raise their united voice? Is Baltimore ahead of sister cities in sanitary matters? Do the health departments of other cities allow their employers to draw their salaries in idleness and wait for the next rain-storm to clean the streets? Is it a normal condition of affairs when the health authorities of a great city are afraid to insist that their employees shall do their duty oy the city, because if they so insist the employees may use political influence against their superiors? Should not a struggle be made by physicians to secure, either directly or indireetly, officials who shall perform the duties of their office without regard to feeling of lazy employees? Shall not the members of our profession raise their voices for the limiting of the impoverishing and burdensome and health-and-virtue destroying curse of low liquor saloons?

With what care and self-denial the physicians of a former age labored to establish righteous government and a free and pure ballot! Shall their sons and successors of the present day submit without a murmur to the boss-rule of unprincipled men, to the insults of political corruption and bad government, which must sooner or later, if unchecked, lead to public disgrace and calamity?

Let the medical men of Baltimore go into the contest with earnestness, not as party men—for party has little or nothing to do with the matter—but as citizens who desire good government, reasonable taxation, the repression of crime, and a health department which from the top to the bottom shall be a credit and a blessing to the city.

SEMI-ANNUAL MEETING OF THE STATE FACULTY.

We publish elsewhere the programme of the Semi-Annual Meeting of the Medical and Chirurgical Faculty of Maryland, to be held in Hagerstown, on November 12th and 13th. It will be observed that the list of papers is unusually large and that thay have been prepared upon topics of practical interest and importance.

Every arrangement has been made to

provide for a most successful gathering of the profession of this State in a most hospitable and thriving city in Western Maryland.

The committee of arrangements has secured special hotel and railroad rates for those who attend. The profession in the Eastern section of the State can have the choice of route over the Western Maryland and Baltimore and Ohio Railroads, whilst those in Western Maryland can reach the meeting by the Baltimore and Ohio. Tickets entitling the delegates to special reduced rates can be secured upon application to the chairman of the committee of arrangements, Dr. T. A. Ashby, of Baltimore. Trains leave Baltimore at 8. A. M., reach Hagerstown in time for the morning session on Tuesday and leave Hagerstown at 3.50 P. M. on Wednesday after the close of the afternoon session, reaching Baltimore about 8 P. M.

In view of the importance of this meeting a large attendance of members is desired. The profession in this and other States is cordially invited.

Reviews, Books and Pamphlets.

Ophthalmology and Opthalmoscopy for Practitioners and Students of Medicine. By Dr. Hermann Schmidt-Rimpler, Professor of Ophthalmology and Director of the Ophthalmological Clinic in Marburg. Translated from the Third German Revised Edition. Edited by D. B. St. John Roosa, M. D., LL. D., Professor of Diseases of the Eye and Ear in the New York Post-graduate Medical School, etc. One Hundred and Eighty-three Woodcuts and Three Colored Plates. New York: William Wood & Co., 1889. Pp. xv–3 to 571.

This is really an excellent work. In the preface to the 2nd edition the author states that he has tried to keep it abreast of the times by improvements, and by the introduction of the most recent advances. This third edition is the result, of a careful revision of the 2nd. The editor, Dr. Roosa, has done his work with the painstaking care which is characteristic of his own writings. His annotations are valuable.

The first chapter of the book is devoted to "Examinations of the Eye," and Treatment of Diseases of the Eye. The usual advice is given to commence with the examination of the lids, and proceed inwards, taking the conjunctiva and the different parts of the eye in order. The acuteness of vision should be tested before making an ophthalmoscopic examination. The author, we think, is right in calling special attention to the importance of lateral illumination. The great usefulness of this is apt to be overlooked by both students and practitioners, unless the symptoms complained of suggest this mode of examination. We have known time and work thrown away in efforts to correct an "astigmatism" supposed to be at the root of poor vision, when subsequent "lateral" examination has shown faint corneal opacities. Of course such an error would not occur if this method of examination were *always* employed; but such is rarely the case until experience has taught one its value. The following easy method is given for finding whether or not the "field of vision" is narrower than it should be. The patient and surgeon look into the eyes of each other at a distance of about 20 inches (50 cm). Then the latter moves his finger from the periphery toward the centre, in the two chief meridians, horizontal and vertical. As soon as the patient sees the finger, his "limit" is reached. If the surgeon has seen it before the patient, it is certain that the latter has a "limited field." Of course this method is not as exact or scientific as the perimeter, but it strikes us as being much better than the "black board" test ordinarily recommended, which takes as much time as the perimeter, and is not worth much, after all.

In the general remarks on the treat-

ment of eye diseases, attention is called to the ventilation of rooms in an eye hospital. "Care must always be taken that the *air* is not excluded with the light." The uses of dark glasses, the bandage, compressors, artificial leech, hot and cold applications, are well explained. An excellent feature of this chapter is the consideration of the "medicinal topical agents in common use in ophthalmology." A few words are given to each one of the drugs in common use and its action described. Thus are put together facts which are usually scattered throughout an entire book. One is more apt to remember the *unusual* effects of medicines when his attention is thus speedily called to them, than when he finds these effects only incidentally mentioned in the "treatment" of certain diseases by these agents. The occasional production of catarrhal conjunctivitis by atropia and the detachment of the epithelium of the cornea from the use of cocaine, are examples of these unusual effects.

With reference to antisepsis, the author says: "The greatest possible cleanliness and asepsis of the hands, instruments and dressings are to be secured in all operations . . . I use absolute alcohol for cleaning the instruments, which are kept in a glass case; they are dried with a fresh linen cloth. The integument of the lids and surrounding parts are washed with aqua chlori or corrosive sublimate (1: 5000), the conjunctive is irrigated with the same fluids. After the performance of the operation—during which fresh pledgits of mull dipped in a solution of corrosive sublimate or boracic acid (four per cent.), are used for cleansing—the parts are again injected with the antiseptic solution.

The second chapter is devoted to Refraction (see page 6).

The author gives considerable space to the *Prophylaxis of Myopia*, going to the public schools to find the main cause for this disease. In all schools careful attention should be bestowed upon: 1, The illumination, or light by which the child studies. 2, The desks and benches. 3, The posture of the children. 4, The writing material—the old black slate should be discarded. 5, The type of the text books. And 6, the avoidance of *continued* strain. This does more harm than the same amount of work with intervals of rest.

The methods given for correcting errors of refraction are substantially the same as those in general use. They are clear and definite.

There are a few minor faults which may be mentioned. For instance, in as much as the book is for *Americans*, Dr. Roosa would have saved his readers some trouble had he given the prescriptions not alone in *decimals*, but also in "*apothecary's weight.*" Again, in a book "abreast of the times," one is surprised to find no other allusion to simple cataract extraction—*i. e.*, without iridectomy—than a four-line note by the editor to the effect that it is the operation now usually performed in New York.

The only after-treatment of cataract given is to apply an antiseptic compress to the *operated* eye, and to cover the other with cotton, or a piece of plaster. The patient is to be put to bed and the room darkened. The dressing is not to be disturbed for 24 to 48 hours, and the the eye not opened till the fourth day. After this, atropine is to be used. "If everything goes well, a light protective dressing may be applied on the eighth to tenth day, and the patient may be allowed to sit up a little, or even to rise." Only fluid diet should be given in the first few days, to obviate mastication, "and the stools are to be retarded as much as possible, because the attendant straining may be injurious." No mention is made of any other plan of after-treatment, possibly because the author does not consider any modification of *this* plan an "advance." Still, there are many excellent surgeons who do not confine their patients as closely as the author recommends. The freedom given them varies, with different operators, from allowing them to sit up in a dark room with bandaged eyes after 48 hours, to merely closing the *operated* eye with a bandage or plaster, and allowing them to stay in a *moderately* darkened room without any confinement to bed. It is not our purpose to discuss the merits of

the various plans, but to call attention to the fact that only *one* plan is mentioned in this work. We do not think that such rigid confinement is enforced in any of our American eye hospitals.

The comfort of the patient is, of course, secondary to the safety of the eye, and no sensible patient will object to reasonable restraint. How much of the prolonged confinement herein recommended is necessary or even desirable? There is a difference of opinion upon this question among eye surgeons. A book up to date should not omit altogether a discussion of this important matter.

The question of optico-ciliary neurotomy as given in this book is a very intricate procedure. It involves cutting and suturing the tendon of the internal rectus, first cutting some of the optic nerve fibres, and then rotating the posterior pole of the eye through the conjunctival wound, and cutting the rest of them. A simpler method seems to be equally as good, viz., to cut through the conjunctiva and connective tissue between the internal and inferior or superior muscles, then rotate the eye forcibly outward and pass a pair of short scissors through the cut. The optic nerve will be readily felt. That it and the ciliary nerves are cut by this method is proved by the resulting insensibility of the cornea. The author does not think the operation as sure a preventive of sympathetic ophthalmia as enucleation.

The diagrams and colored plates in the book, as well as its general style, are excellent.

A Treatise on the Science and Practice of Midwifery. By W. S. PLAYFAIR, M. D., LL. D., F. R. C. P., Physician-Accoucheur to H. I. and R. H. the Duchess of Edinburgh; Professor of Obstetric Medicine in King's College, etc. Fifth American from the Seventh English Edition, with Notes and Additions by Robert P. Harris, M. D. With five Plates and Two Hundred and Seven Illustrations. Philadelphia: Lea Brothers & Co., 1889. Pp. xxv–33 to 671. Price $4.00.

This work has been so long before the public as a handbook for the student and a reference book for the practitioner that it scarcely needs an introduction. Since the last American edition four years ago, much progress has been made in the science of midwifery, particularly in the operative procedures, in which fully improved methods and attention to details has decreased the mortality to a marked extent. None the less have advances been made in the study of puerperal septicæmia. The different theories are given and the treatment is not neglected. In addition to 207 cuts, five full-page plates are given.

Chemistry: General, Medical and Pharmaceutical, including the Chemistry of the U. S. Pharmacopœia. A Manual of the General Principles of the Science, and their Applications in Medicine and Pharmacy. By JOHN ATTFIELD, F. R. S., etc. 12th Edition. Philadelphia: Lea Brothers & Co., 1889. Pp. 770. Price $2.75.

This is a remarkably comprehensive text-book. The first edition appeared in 1867 as a small manual, and since that date eleven new editions have been published. The title hardly indicates the whole scope of the work. It is intended as a student's book and laboratory guide, and for medical students in particular. For those using it without an instructor, a series of questions at the end of each chapter is added. The index at the end of the volume is very copious.

Rectal and Anal Surgery, with Description of the Secret Methods of the Itinerant Specialists. By EDMUND ANDREWS, M. D., LL. D., and EDWARD WYLLYS ANDREWS, A. M., M. D., Professors of Clinical Surgery, Chicago Medical College, Surgeons to Mercy Hospital, etc. Second Edition, Revised and enlarged, with Illustrations and Formulary. Chicago: W. T. Keener, 96 Washington St., 1889; pp. 140; price $1.50.

This excellent work, which has reached

a second edition in a very short time, contains a very complete collection of what is known about this subject, together with the valuable experience of the two authors. The secret methods of the "pile doctors" who drive such a thriving business in the West, has been thoroughly exposed and explained by the authors. This book begins with the anatomy and physiology of the rectum, then follow methods of examination and diagnosis, prognosis and treatment with and without instruments. Several useful hints are given in the methods of examinations. The advantage of keeping vaseline in collapsible tubes, as a guard against infection from one patient to another, is well worthy of consideration. A fair number of instruments are reproduced, the authors' own being naturally very prominent. A carefully prepared list of formulæ is given in an appendix. Antipyrine, that panacea, has been found useful in pruritus, a thing which the authors have not noticed. The importance of examining the rectum in every applicant for life insurance should be felt by all physicians. This subject, in general usually so neglected in a medical course and so very important in practice, has received at the hands of these authors a careful review. The book is well printed and neatly bound, and is a valuable addition to the library of the general practitioner and the specialist.

Intestinal Surgery. By N. Senn, M. D., Ph. D., Attending Surgeon Milwaukee Hospital, Professor of the Principles of Surgery and Surgical Pathology. Chicago: W. T. Keener, 1889. Pp. 277. Price $2.50.

This book, by one of the boldest operators in this country, contains first, a resumé of the best literature on the surgical treatment of intestinal obstruction, arranged in a systematic manner for reference and, second, an account of the author's original work with hydrogen gas as a test in perforation of the gastro-intestinal canal with cases. Whatever surgeons may think of this method which has been thoroughly criticized, they cannot deny to Senn an originality due to untiring work.

Experimental Surgery. By Nicholas Senn, M. D., Ph. D., etc. Chicago: W. T. Keener, 1889. Pp. 522. Price $5.00.

This volume consists of a collection of articles which have been published from time to time in the Transactions of the American Surgical Association and in periodicals not readily accessible to the majority of the medical profession. The subects treated are: Intra-Capsular Fracture of the Femur; Cicatrization in Blood-vessels after Ligature; Air Embolism; Surgery of the Pancreas, and the rest of the book is made up of the contents of the previous one just mentioned. The whole book gives evidence of painstaking work, and in places the author is a little verbose and prosy, but the importance of the subjects and the author's original method of treating, render the book particularly valuable to every surgeon. Over sixty illustrations serve to elucidate the text. The book is particularly well printed and covered, and is a great credit to the publisher.

Wood's Medical and Surgical Monographs. Vol. No. 1. Contents: The Influence of the Male Element upon the Female Organism. By John Brown, M. D.; The Internal and External Temperature of the Human Body as Modified by Muscle-Kneading. By A. Symons Eccles, M. D.; The Diseases of the Breast. By Thomas Bryant, F. R. C. S. Published monthly. Price $10.00 a year. Single copies $1.00. October, 1889. New York: Wm. Wood & Co.

The principal part of this number consists of the third article. The first article is very short. It is an attempt to show that the male element has an influence upon the female, over and above its fertilizing influence upon the ovum. The limits of this influence are unknown. The subject in itself is extremely interesting but too unpractical for this series.

In the second paper the author has

recorded a series of thermometrical observations taken in the axilla, palm, calf, sole and rectum both before and after muscle-kneading. These experiments were undertaken to prove the efficacy of mechano-therapy when properly carried out. The immediate effect was to raise the external temperature and at the same time to approximate the external and internal temperatures. The circulation is also affected by this same manipulation.

In the third article the author has placed before the student and practitioner a clinical exposition of the abnormalities and diseases of the breast, more particularly with their diagnosis and treatment. He begins with the anatomy of the breast and then gives in order the various abnormal conditions. There are various wood cuts and twenty-four well-executed colored plates. This is undoubtedly a very valuable monograph.

A Clinical Atlas of Venereal and Skin Diseases, including Diagnosis, Prognosis and Treatment. By ROBERT W. TAYLOR, A. M., M. D., Surgeon to Charity Hospital, New York, etc. Illustrated with 192 figures, many of them life-size, on beautifully colored plates; also many large and carefully executed engravings through the text. Parts vii. and viii. Diseases of the Skin. Philadelphia: Lea, Brothers & Co. 1889.

These two parts conclude this magnificent Atlas. These parts contain the remaining skin troubles not treated of in former parts, also drug eruptions. The whole will be issued bound by the publishers in exchange for the numbers already received.

Students' Aid Series; Eighteen Parts in Six Volumes. Handsomely bound in Cloth, in 16mo form, and Convenient for the Pocket. Volume I: Diagnosis, by J. M. Fothergill, M. D., and J. C. Thorowgood, M. D. Volume II: Therapeutics and Materia Medica, by C. E. A. Semple, M. D., and J. M. Fothergill, M. D. Volume III: Medicine, by by C. E. A. Semple, M. D. Volume IV: Obstetrics and Gynæcology, by Samuel Nall, M. D., and Alfred S. Gubb, M. D. Volume V: Anatomy, Surgery and Physiology, by George Brown, M. D., and B. T. Lowne, M. D. Vol. VI: Chemistry and Forensic Medicine and Toxicology, by C. E. A. Semple, M. D., and W. D. Hemming, M. D. New York and London: G. P. Putnam's Sons, 1889. Price $1.00 per volume.

On first examination these little books, judged from their neat and tasteful binding, appear to be a decided acquisition to any student's library. On opening the books, however, the illusion is at once dispelled. From the typographical appearance of the pages, the letters are seen to be worn and at times indistinct; this leads naturally to an examination of the text, which would show that although the title pages are new, yet the text is in no place under ten years old, and as the authors are all English, it is evident that either some one has passed off a set of antiquated plates on the publisher, or else they are attempting to palm off old books on the innocent student. It is to be hoped the former is the case, for it does seem a pity for a firm which usually publishes standard books, to put their well-known imprint on these little "ancient classics." A careful search has failed to find a treatise on fever. The pathology of phthisis is particularly antiquated. The articles on surgery are dated 1882 on the preface, while some other dates are carefully erased. The volume on therapeutics and materia medica might be at times unpleasantly misleading, as it is based on the British Pharmacopœia. In spite of these objections, many chapters are excellent, and particularly the Aids to Diagnosis, Anatomy and Chemistry. These volumes present a neat exterior, put out in the usual excellent style of their publishers, but more for them cannot be said. It is to be hoped, however, that they will not fall into the hands of the undergraduate, for unless he be particularly discriminating they may be to him more of a hindrance than an aid. In view of the number of good manuals

already brought out by these publishers, it is an unfortunate thing for them to have resuscitated these old books.

Hypnotism; Its History and Present Development. By FREDERICK BJÖRNSTRÖM, M. D., Head Physician of the Stockholm Hospital, Professor of Psychiatry, Late Royal Swedish Medical Counsellor. Authorized Translation from the Second Swedish Edition. By Baron Nils Posse, M. G., Director of the Boston School of Gymnastics. New York: Humboldt Publishing Co., 1889. Pp. 126; price 30 cts.

An Experimental Study in the Domain of Hypnotism. By R. VON KRAFFT-EBING, Professor of Psychiatry and Nervous Diseases in the University of Graz, Austria. Translated by CHAS. G. CHADDOCK, M. D., Asst. Physician Northern Michigan Asylum. New York and London: G. P. Putnam's Sons, 1889. Pp. 129; Price $1.25.

The study of hypnotism and allied subjects at the two schools of Paris and Nancy, has caused a large amount to be written in French and German, which is gradually finding its way by translation into the English languages. The first work is published in a library for the people and hence in this the second edition, the author has seen fit to add a chapter on the abuse and dangers of hypnotism, warning the public against careless trifling with its forces. Such a chapter will probably increase the prurient curiosity of the public.

This second work is a well-made translation of a little brochure by Krafft-Ebing, being the record of a person extraordinarily suitable for the study of hypnotism. This record, which the author has kept with such care that it has called forth two editions of his work, endeavors to show that the phenomena of hypnotism are of a psycho-suggestive nature; in that post-hypnotic suggestion leads to the establishing of auto-hypnosis. The whole article is intensely interesting and instructive.

The Story of the Bacteria and their Relations to Health and Disease By T. MITCHELL PRUDDEN, M. D. New York and London: G. P. Putnam's Sons, 1889. Pp. 143. Price 75 cents.

One would hardly suppose that this subject could be treated in such a popular, non-technical and yet clear manner as Dr. Prudden has done. Even for one who may be a practical bacteriologist the book is by no means devoid of interest. It is small, yet it gives evidence of a large amount of work, for to make this theme intelligible to the public requires much more ability than setting forth the same facts to those in the profession. The book is issued in a very attractive form.

A Text-Book of Animal Physiology, with Introductory Chapters on General Biology and a full Treatment of Reproduction. For Students of Human and Comparative (Veterinary) Medicine and of General Biology. By WESLEY MILLS. M. A., M. D., L. R. C. P. (Eng.) Professor of Physiology in McGill University and the Veterinary College, Montreal, with over 500 illustrations. New York: D. Appleton & Co., 1889. Pp. 700. Price $5.00

Recognizing the importance of comparative methods of studying such subjects as anatomy, physiology and embyology, the author has endeavored to fill the want in physiology by writing this book. Few schools in this country include in their course branches on animal anatomy, physiology, and embyology but those who have had opportunities of following out these branches at the foreign universities will greet with pleasure the book of Dr. Mills. One noticeable point is the introduction of the chapters on Reproduction very early in the book. This he has done to better explain the physiological part by using these embryological facts. The illustrations are abundant and are drawn, many of them, from the well-known works of Sappey, Quain, Kölliker, Claus and others.

A Hand-Book of Dermatology, for the Use of Students. By A. H. Ohmann-Dumesnil, A. M., M. D., Professor of Dermatology, St. Louis College of Physicians and Surgeons, etc. With Illustrations. St. Louis Medical and Surgical Journal Publishing Co.; pp. 166.

This little book contains the essential principles of dermatology presented in a very comprehensive manner. The descriptions of the various diseases are clear and easily understood, and the therapeutic recommendations sensible and practical. We can recommend the work to students as a safe guide to this difficult branch of medical study.

The Medical News Visiting List for 1890. Philadelphia: Lea, Brother & Co.

Studies in Intestinal Surgery, by Wm. D. Van Lennep, A. M., M. D., of Philadelphia. Reprinted from the *Hahnemannan Monthly*, Vol. XXIV., No. 10, October 1889.

The Value of Creosote in Fifty Cases of Disease of the Air Passages. By Wm. Perry Watson, A. M., M. D., of Jersey City, N. J. Reprinted from *Virginia Medical Monthly*, October 1889.

Atropine in Enuresis. By Wm. Perry Watson, A. M., M. D., of Jersey City, N. J. Reprinted from *Archives of Pediatrics*, October 1889.

Free Division of the Capsule of the Kidney for the Relief of Nephralgia. By L. McLane Tiffany, Professor of Surgery in the University of Maryland, Baltimore. Reprinted from *Transactions of the American Surgical Association*, May, 1889.

Urinary Calculus and Lithotomy. By Thomas W. Kay, M. D., Scranton, Pa. Reprinted from the *Maryland Medical Journal.*

Delusions in Eye Surgery. By John B. Roberts, M. D., of Philadelphia; reprinted from *Medical and Surgical Reporter*, September, 1889.

The Cure of Crooked and Otherwise Deformed Noses. By John B. Roberts, A. M., M. D., of Philadelphia. Philadelphia: P. Blakiston, Son & Co., 1889; pp. 24.

Reformation in the Practice of Medicine by the Dosimetric Method of Practice. By J. E. MacNeill, M. D. Reprinted from the *Dosimetric Medical Review.*

The "Perfected Evacuator." By Fessenden N. Otis, M. D., etc. Reprinted from *New York Medical Journal.*

Résumé of the Experience of Seventeen Years in the Operation of Dilating Urethrotomy. By Fessenden N. Otis, M. D., etc. Reprinted from the *Medical Record.*

The Duties and the Compensation of the Local Health Officer. By Henry B. Baker, M. D., Secretary of the State Board of Health, Lansing, Michigan.

Insanity and Allied Affections. By A. L. Hodgdon, M. D. Reprinted from *Maryland Medical Journal.*

Practical Notes on Urinary Analysis By William B. Canfield, A. M., M D. Reprinted from the *Maryland Medical Journal.*

Report of the Section on Practice of Medicine. I, The Relation of Dusty Occupations to Pulmonary Phthisis; II, The Present Aspect of the Question as to the Etiology of Pneumonia; III, The More Recent Treatment of Pulmonary Phthisis. By William B. Canfield, A. M., M. D. Reprinted from the *Transactions of the Medical and Chirurgical Faculty of Maryland*, 1889.

Some Complications of Chronic Endarteritis. By WILLIAM B. CANFIELD, A. M., M. D. Reprinted from the New York *Medical Journal.*

Beiträge zur Kenntniss der Sehnervenkreuzung. Von J. SINGER, M. D., und E. MUNZER, M. D., Prag., Separat Abdruck aus der *Wiener Klinischen Wochenschrift.*

Ueber Quetschung des Augapfels mit Bluterguss in die vordere Kammer durch Berstung des Schlemm'schen Canales.

Sieben Fälle von Bluterguss in die vordere Kammer durch Berstung des Schlemm'schen Canales. Separat-Abdruck a. d. *Klin. Monatsbl. f. Augenheilkunde*, April-Heft, 1889.

Beitrag zur Kenntniss der sog. Clioretinalen Gefässe.

Ueber Extraction der Cataract Ohne Iridectomie mit Naht der Wunde, Sep.-Abdr, a. d. *Wiener Klin. Wochenschrift*, 1888, Nr. 11 u 21-30. von Dr. Wilhelm Czermak, Universitätsdocent und Assistent an Prof. Fuch's Universitäts-Augenklinik in Wien.

Transactions of the Louisiana State Medical Society at its Eleventh Annual Session, held at New Orleans, La., April 9, 10, and 11, 1889.

Transactions of the Medical and Chirurgical Faculty of the State of Maryland at its 91*st Annual Session, held at Baltimore, Md., April*, 1889.

Trade and Transport Between the United States and Spanish America. By W. E. CURTIS.

Reports of the Consuls of the United States for August, 1889. Washington: Government Printing Office, 1889.

Scribner's Magazine for November, 1889. This number of Scribner's Magazine contains two articles treating of medicine and surgery in a semi-popular way. One is a very readable and instructive article by Dr. M. Allen Starr, of New York, on "Electricity in Relation to the Human Body." It may be read with profit by physicians who think they know something about this part of electricity. The other article, entitled "A New Field of Honor," by James E. Pilcher, Captain Medical Department, U. S. A., is a review of first aid to the injured as used in war.

The Trustees of the Johns Hopkins Hospital have authorized the issue of a monthly publication to be known as the *Hospital Bulletin.* It will contain announcements of courses of lectures, programmes of clinical and pathological study, details of hospital and dispensary practice, abstracts of papers read and other proceedings of the Medical Society of the Hospital, reports of lectures and all other matters of general interest in connection with the work of the Hospital.

In size of page and general make up the *Bulletin* will resemble closely the Johns Hopkins University Circulars. In fact it will attempt to fill in the Hospital the same place which the circulars fill in the University. Nine numbers will be issued annually. The first number will appear in November, 1889.

The subscription price will be one dollar. Subscriptions may be sent to THE PUBLICATION AGENCY OF THE JOHNS HOPKINS UNIVERSITY, BALTIMORE, MD.

Miscellany.

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

Programme of the Semi-Annual Meeting, to be held in Hagerstown, Maryland, on November 12th and 13th, 1889. Regular practitioners are cordially invited to be present.

FIRST DAY.

TUESDAY, NOVEMBER 12TH.

MORNING SESSION AT 12 O'CLOCK M.

Address of Welcome by Dr. A. S. Mason, of Hagerstown. Remarks by the President, Dr. A. Friedenwald, of Baltimore.

PAPERS.

1. Persistent Headaches and How to to Cure Them. By Dr. J. J. Chisolm. 2. Practical Remarks on Hernia. By Dr. Robert W. Johnson. 3. Report of a Case of Double Popliteal Aneurism Cured by Ligature. By Dr. J. Edwin Michael.

Adjournment at 3 P. M.

AFTERNOON SESSION AT 4 O'CLOCK.

4. The Use of the Galvano-Cautery in Skin Diseases. By Dr. George H. Rohé. 5. The Early Detection of Pulmonary Consumption. By Dr. Wm. B. Canfield. 6. Typhoid Fever. By Dr. Joseph T. Smith.

Adjournment at 6 o'clock.

Banquet at Hotel Hamilton at 8.30 P. M. Price of tickets, $2.00.

WEDNESDAY, NOVEMBER 13TH.

MORNING SESSION AT 9.30 A. M.

7. Remarks on Some Recent Cases of Abdominal Tumors. By Dr. Randolph Winslow. 8. The Origin and Treatment of Pus Accumulations in the Female Pelvis. By. Dr. T. A. Ashby. 9. Remarks on the Principal Modes of Treating Hæmorrhoids. By Dr. S. T. Earle.

Adjournment at 12 o'clock.

10. Rachitis Considered in Regard to Some of its Special Symptoms. By Dr. William Lee. 11. Post-Nasal Obstruction in Children. By. Dr. J. N. Mackenzie. 12. A Review of Hypnotism. By Dr. George J. Preston.

Adjournment at 3 P. M.

FLUSHING THE PERITONEUM.

This practice, so useful in abdominal surgery, has become widely spread over the Continent of Europe. M. Polaillon pointed out last year that the practice involves danger of shock, and described a fatal case, and two that nearly ended fatally. Some mention was made of M. Polaillon's experience in the *Journal*, a few months since, under the heading of the present paragraph. Dr. Pierre Delbet has published an interesting series of researches in the *Annales de Gynécologie* for September without, unfortunately, making the slightest mention of the surgeons who introduced the practice. From experiments on the dead subject and on dogs, he has come to several conclusions. The liquid employed for flushing is diffused over the whole of the peritoneal cavity. Foreign bodies cannot be entirely displaced by flushing; hence, although septic material may be dislodged till but little remains, that little may do harm; so, on that account, in Dr. Delbet's opinion, it is best to flush with an antiseptic solution after plain water has been employed. After flushing, a considerable amount of liquid remains behind, occupying the pelvis, iliac fossæ and flanks. Dr. Delbet comes to a remarkable conclusion respecting the temperature of the water. The temperature, within the limits of 18° to 50° C. (94.4° to 122° F.), has no appreciable effect on the respiration or circulation, therefore there is no danger that flushing can arrest the heart's action. Dr. Delbet admits, however, that flushing with water of low temperature chills the intestine, and therefore increases shock. The water should be heated to 38° to 39° C. (100.4° to 10.2.2° F.) Dr. Delbet does not entirely agree with M. Polaillon's explanation of the fatal case recorded by the latter observer. The carbolic acid or the anæsthetic may have had the principal share in the fatal result. The alleged hæmostatic action of flushing with very hot water appears doubtful to Dr. Delbet. During the first minutes of the flushing process a great quantity of the water is absorbed. When salt in the proportion of seven parts to one

thousand of water is employed, the process becomes "a true indirect transfusion." The paper concludes with the discussion of an interesting fact in relation to absorption of poisons. After flushing the peritoneum for ten minutes with the saline solution, a fluid containing a poisonous element may be diffused over the peritoneum with impunity, provided that it be followed by a third flushing with the same water. In his experiments Dr. Delbet used sulphate of strychnine, but these researches are meant to imply that washings with relatively strong solutions of sublimate and carbolic acid may be advantageously used during an abdominal section, provided that the indicated caution be not overlooked.—*British Medical Journal.*

Medical Items.

The new surgical clinic in the Ernst-August Hospital at Göttingen has just been opened.

The entire lot of "Warner's Safe Cure" has been seized in Vienna by the authorities on account of its quackish pretensions.

Dr. James Davidson Iglehart, of this city, was married to Miss Monterey W. Randall last Monday.

The Trustees of the Philadelphia Polyclinic will lay the corner-stone of their new hospital, with ceremonies, this Saturday afternoon.

President de Winton, of the geographical section of the British Association, states that American climate has improved the physique of the Anglo-Saxon race.

Of the 557 members returned at the recent general elections to serve in the French Chamber of Deputies, 48 are doctors of medicine, 4 are druggists, 1 is a dentist, and 1 a veterinarian.

The German Imperial Ministry of the Interior has made a grant of 80,000 marks ($20,000) towards the expenses of the International Medical Congress, so be held at Berlin in 1889.

At the next meeting of the Baltimore Academy of Medicine, held at Oratorio Hall, Tuesday, November 5th, at 8.30 P. M., Dr. George W. Miltenberger will read a paper entitled "The Direct Causative Factor of Puerperal Fever"

Cesena, in the Romagna, not far from the Adriatic sea-board, is now a health resort, in which the resources of the place for mineral baths and for the "climatic cure" are intelligently and carefully utilized in a well-appointed establishment. Year by year Italy is availing hersetf of her natural advantages for such institutions, in pursuance of the movement initiated *ad hoc* at Bologna, and continued at the thirteenth congress, which lately concluded its sittings at Padua.

The Trustees of the Johns Hopkins Hospital have authorized the issue of a monthly publication to be known as the *Hospital Bulletin.* It will contain announcements of courses of lectures, programmes of clinical and pathological study, details of hospital and dispensary practice, abstracts of papers read and other proceedings of the Medical Society of the Hospital, reports of lectures and all other matters of general interest in connection with the work of the Hospital. Nine numbers will be issued annually.

The subscription price will be one dollar. Subscriptions may sent to the publication agency of the Johns Hopkins University, Baltimore, Md.

It is a fault in those who write for the journals, medical as well as others, to adopt unmeaning headings to articles and paragraphs that have purpose and point. Dr. Billings has more than once shown how difficult it is for those who have indexing work to do to properly handle papers and articles which are indefinitely described by their heading. Nearly every medical man who has had research and collation to do, has found himself hampered by the apparently pointless head-lines of many writings. Of course, a pointless paper must have a meaningless title, but this sort does not commonly find its way into print. What assistance is there to the studious person who finds in the index of a periodical expressions like these, "An Interesting Case," or "A New Plan of Treatment," or "A Step in Advance," or "An Ethical Question," or a thousand others we have met with from time to time, but which we refrain from approaching too closely lest the teachings of this article be taken to have a personal bearing, which they assuredly have not.

Original Articles.

CONCENTRATED SOLUTION OF MAGNESIUM SULPHATE AS AN ENEMA, WITH SOME POINTS RELATIVE TO THE PHYSIOLOGY OF THE ABDOMINAL CIRCULATION.*

BY T. J. WATKINS, M. D.,
OF CHICAGO.

(continued from page 8.

While interne in the New York State Woman's Hospital in 1888, the following case came under my charge in the service of Dr. Thomas. Miss K., aged 26, an actress. She suffered from a marked retroflexion of the uterus, with prolapse of both ovaries, causing a great amount of reflex disturbance, which during menstruation became nearly unbearable. Menstruation was profuse and continued from one to two weeks. During one of these periods she suffered from frequent attacks of nausea and vomiting, could not retain any food, and had severe headache, backache, and "bearing-down pains." She became much constipated, although the usual cathartics and enemas were given; and during the second week she developed some tympanites, with severe abdominal pain and aggravation of the other symptoms. Two ounces of magnesium sulphate dissolved in a four-ounce solution were given as an enema, thinking that it might act from its power of diffusion. In the course of a half hour it produced two free evacuations. All the symptoms were soon relieved and by the next day menstruation was completed. The great relief resulted from unloading the bowels, restoring the circulation of the intestines, and depleting the pelvic organs.

This is the first case in which I used magnesium sulphate in this manner; neither can I find that it had ever before been thus employed. It has been repeatedly given in dilute solution, in which case its action would be entirely different.

For more than a year this remedy has been used in nearly all the cases of obstinate constipation in the New York Woman's Hospital, and has failed in only two or three instances. In one of these failures there was marked tympanites in a case of septic peritonitis, and in the others it was either improperly given or failed to be expelled after the exudation had been produced. I think the use of this salt will diminish the number of laparatomies which might otherwise be performed for supposed intestinal obstruction. Such a case has come under my observation. It is of great service as a cathartic in cases of laparatomy. The present generally accepted treatment of sepsis or peritonitis is to bring about an active catharsis, but we have heretofore been without means to produce this in many cases where intestinal distention with nausea and vomiting existed. Medicines given by the mouth excite vomiting, or usually have no effect, and oil and stimulating enemas, as a rule, fail to act thoroughly. In such cases most gratifying results are obtained from the concentrated saline enema. That it causes diffusion of water and thus excites some secretion of the intestinal glands is certain. If the bowel is much distended by gas, or the walls partially paralyzed from sepsis, the excluded liquid will not be expelled, but then a tube can be passed at the end of half an hour's time and the bowel thus be emptied. This can be frequently repeated, if necessary. The salt produces nearly the same effect as a cathartic by the mouth, which, at most, acts principally upon the large intestine, and in addition has the advantage of a local action. In laparotomy cases with complications it is a most serviceable cathartic, and may be used instead of cathartics by the mouth for two weeks, if necessary.

I have recently had occasion to use magnesium sulphate as an enema in the care of a laparotomy case for Dr. E. C. Dudley. The patient was a large, fleshy woman, weighing over two hundred pounds, with a sluggish circulation—

*Read before the Gynecological Society of Chicago, Friday, June 21, 1889.

one of the cases which always causes anxiety and which seldom does well, presumably from a want of action of the abdominal lymphatics. The use and moderately free action of the salt on the third day was followed by a marked improvement in the temperature, pulse, and expression. I think it was very useful in removing what the lymphatics had failed to do.

After the operation for the repair of a laceration through the *sphincter ani*, it is a valuable remedy in many cases, on account of its small bulk and the free liquid evacuations it produces. Some cases of this kind, despite all care, will become constipated, and in these the saline is useful.

I have used the salt in cases of peritonitis, with good results. In nearly every case it acted freely and gave the patient relief. Its failures were due to distention of the intestines, but this complication can be overcome by the use of the rectal tube. The depletion seems to act favorably upon the disease, shortening its duration. The saline retained may be beneficial, on account of its great power of keeping fibrin from forming and of preventing plastic depositions.

Dr. Glass, of Utica, New York has used magnesium sulphate as an enema in peritonitis, and reports "that it has been very effectual as a cathartic and has seemed to have a controlling effect over the disease."

We will not consider in this paper the large class of diseases in which the salt is useful in restoring the abdominal circulation, as in diseases of the liver, kidneys and stomach; in producing depletion and thus forcing the blood to take up water from the tissues, as in ascites, general œdema, etc.; and in assisting to relieve the general circulation in temporary obstruction of the cutaneous and renal circulation, as in insolation, nephritis, colds, etc.

Before considering the application of the concentrated saline enema in the treatment of some of the pelvic diseases, a few peculiarities of the pelvic blood vessels and other facts relative to their abnormal condition will be briefly enumerated. These blood vessels are numerous, large, and tortuous for the amount of tissue they normally supply in the non-pregnant state; and they are subjected to periodical engorgements at menstruation and are enormously dilated during gestation. They are tortuous and bent upon themselves to allow for the great mobility of the uterus. These flexed vessels are pressed upon by the superimposed intestines, which are often impacted and frequently by a displaced or deformed uterus, adhesions, plastic deposits, etc. The physiology of the blood supply of the pelvic organs and tissues is, unfortunately for woman, the same as it is for the liver, intestines, and kidneys, but is not so well constituted to bear the changes of blood pressure. The vessel walls of the liver have a firm support from the solid organ, and the intestines and kidneys relieve their increased blood pressure by secretion.

For convenience, the abnormal condition of the circulation of the pelvic organs in the non-pregnant state may be divided into three classes, as follows:

I. Acute or inflammatory engorgement.

II. Chronic engorgement.

III. Circulatory obstruction of menstruation.

In the first class of cases, the saline enema is useful to abort an attack as well as to relieve it. Dr. Emmet, after a careful study and close observation of this disease for many years in a very large number of cases, concludes that its origin is in the pelvic cellular tissue, and from the results of treatment feels convinced that this hypothesis is true. The history of these cases, if not puerperal, will date from taking of a cold or from sudden stoppage of menstruation, whether brought about by douches, exposure, or any other cause; and a cold is much more apt to produce a cellulitis during menstruation. Then the pelvic organs are in a state of active congestion, and a cold will have the same effect upon their blood vessels that it has upon those of the intestines; but, unlike the latter, they have no way of relieving themselves other than by becoming dilated and exuding into the surrounding

cellular tissue, and this is just the state of affairs found in acute cellulitis. This effect upon the pelvic circulation checks menstruation, following rather than producing it. Were the stoppage of menstruation the primary cause of the cellulitis, how could the cold cause its cessation? The saline enema acts as an abortive agent in this disease by depletion, relieving the distended blood vessels and causing the exudation to be taken up; the cutaneous circulation may, at the same time, be restored. It relieves the pelvic circulation by relieving the general circulation, by a revulsive effect, by removing the weight of the intestines, and by depriving the tissues of water which receive their blood supply from the pelvic vessels. Repeat the enema as many times as may be necessary to obtain the desired result. I have not had any experience in treating the primary attack, as these cases do not present themselves for hospital treatment; but in acute exacerbations of chronic pelvic inflammation I have used it a large number of times with good results. Even this small enema of four ounces may cause great distress unless it is injected well up into the bowel.

In the treatment of protracted or chronic cases, Dr. Emmet* regards the use of cathartics as follows: "The contents of the bowels should be kept in a semi-liquid state, since the patient is either unable to strain at stool, or instinctively avoids doing so through fear of causing pain; and any fecal mass in the rectum will add greatly to her discomfort. The difficulty of managing these cases is greatly increased by the fact that but a few are able to tolerate a rectal enema, except in so small a bulk as to be of little service. Any distension of the rectum, even in this way by fluid, must necessarily make pressure on the inflamed tissues." The bulk of the saline enema is so small that it can be used in these cases, and thrown high up if necessary. Besides, keeping the intestinal contents in a semi-liquid condition, it will also produce a very favorable action upon the chronic engorged vessels by relieving them of much of the blood, allowing them to regain their natural size and to take up the exuded and plastic material in the surrounding cellular tissue.

The power of magnesium sulphate to prevent the formation of fibrin may also be of some use. In the treatment of these cases it cannot replace other treatment, but will have to be aided by position, douches, packing, applications, etc. Dr. Emmet has long recognized the necessity of relieving this engorgement of the pelvic blood vessels in the cure of this disease, and Dr. A. Palmer Dudley† has demonstrated it by ligating and removing them. In some cases these dilated veins may be limited, or nearly so, to the broad ligaments, as was the case in Dr. Dudley's patients, while in others they will involve principally the other pelvic veins. In the latter cases, only local treatment can be used, and the chief and only indication is to keep them in a state of depletion and thus enable themselves to regain their natural size and to absorb the exuded material; this the concentrated saline enema would seem to do. If used in the former class of diseases, it may prevent the necessity of the dangerous operation of laparotomy in some cases. The enema can be tolerated once a day for a long time, without causing much irritation, and thus the pelvic vessels are kept in a state of depletion and the intestinal contents are sure to be kept liquid. I have not carried out this treatment in these cases sufficiently to come to any conclusion as to its efficacy, so can only offer it as a suggestion.

In obstructive dysmenorrhœa, the saline enema is a very valuable remedy, as the circulation needs to be relieved only for a short time, and as the pain is often severe. That this condition is present in most cases of dysmenorrhœa seems highly probable, as the pain is usually diminished or relieved by producing brisk catharsis and active cutaneous circulation. Dr. Emmet has often found marked relief given by cathartics, and they take a principal part in his treatment of dysmenorrhœa. The saline

*"Principles and Practice of Gynecology," 3rd edition, p. 264.

†N. Y. Medical Journal, August, 1888,

enema will relieve the pelvic circulation much more than any other safe cathartic known. What cases of dysmenorrhœa are caused by obstructed circulation, or what cases will be relieved by this enema it is difficult, if not impossible, to tell by examination. In a number of cases in which I have used it, many were somewhat relieved, a few entirely, and the rest (few in number), derived no benefit at all. It decreased the amount of the flow for a time, but it returned to normal in a few hours. In none of the cases did it check menstruation unless given near its time of cessation. Dr. Aspell, of New York (late house surgeon in the New York Woman's Hospital), has used this saline enema in cases of dysmenorrhœa from simple anteflexion, and reports entire relief from in most cases, soon after administration. In nearly, if not all the cases in which I have had an opportunity to use it, there has been more or less pelvic inflammation, and in most of these relief followed its use. In a few cases of retroflexion with slight inflammation, relief was marked, but the pain returned when the flow again became normal. In cases of anteflexion the relief was slight, if any, but none of them suffered from the deformity alone. I have not used it in a sufficient number of any one class of disease, or the cases in which I have employed it have been too complicated to enable me to come to any conclusion as to which deformity is most apt to cause or be associated with obstructed dysmenorrhœa. In this connection the following case will be of interest: Mrs. W., aged 27, a sufferer from constant backache and menorrhagia caused by a fibroid in the posterior wall of the uterus, with a fixed retroflexion of this organ. During one of her periods, while in the New York Woman's Hospital in the service of Dr. Emmet, the flow was very profuse and failed to be stopped by position, hot douches, ergot in small and large doses, mineral acids and astringents, and it become necessary to tampon. The medication caused the bowels to become much constipated, which the usual cathartics failed to relieve. Two ounces of magnesium sulphate were given dissolved in a four-ounce solution, which had the desired effect, and at the same time seemed to diminish the flow, and on its being repeated twice the flow stopped. It may have relieved the general circulation just enough at this time to produce this result, or its action may have been more local, namely, upon the blood vessels and tissues.

The advantages of this enema are:

1. Its action is local, producing diffusion.

2. Its action is free and seldom fails.

3. Time of action is short.

4. The bulk is small, causing but very little if any, discomfort.

5. It is as unirritating as a simple enema. Its certainty of action has become so well recognized in the New York Woman's Hospital that it has been used in nearly all the operative cases, as the cathartic preparatory to operation, for the last six months.

It is best administered with the patient in Sim's position, the hips being elevated by a pillow; and when much tenderness exists it is best given through a large gum elastic catheter passed well up into the bowel. The patient is to be instructed to allow the abdominal muscles to remain lax, and the nurse is to keep up pressure over the anus, if necessary, to cause it to be retained for at least fifteen or twenty minutes. If the bowel should fail to expel the exuded liquid, a rectal tube had better be inserted in order to allow it to escape. It has not produced any bad results when two ounces have been retained, but Christison reports a case of death in a boy ten years old where two ounces were taken by the mouth without causing any purging. In my cases it probably was excreted by the kidneys nearly as fast as it became absorbed. Where it is retained the sphincter ani is likely to be strongly contracted, and great relief will follow paralysis of the sphincter by forcible dilatation under an anæsthetic, which will also have a good effect over the chronic constipation usually present.

The following is the formula I use:

℞	Magnesii Sulph.	2 oz.
	Glycerinæ	1 oz.
	Aquæ	q. s. ad. 4oz.
M.		

The solution is made more readily and its power of diffusion increased by the addition of glycerin. I have used three and four ounces of the salt, but do not see that it has any advantages over the smaller amount.

I am indebted to the surgeons of the New York Woman's Hospital for courtesies shown me in permitting these observations to be made, and to Dr. Baldwin, of Brooklyn, who was my associate house surgeon, for the report of a number of cases in which he used the concentrated magnesium sulphate enema.

Since completing this paper, Dr. Waugh, of Brooklyn, N. Y., writes me as follows: "We very frequently use, at St. Peter's Hospital, your saturated solution of Epsom salts with almost uniformly good results."

THE TREATMENT OF FEVER IN PULMONARY CONSUMPTION.

BY THOMAS J. MAYS, M. D.,

Professor of Diseases of the Chest in the Philadelphia College and College for Graduates in Medicine.

Fever is one of the blackest spots in the morbid process of pulmonary consumption. It begins early in the course of the disease and is its constant associate. It is one of the leading factors which determine the prognosis of any given case. If a high degree of fever persists in spite of treatment, it serves to show the rebellious nature of the disease. It may be laid down as a certainty that no consumptive can get well so long as he maintains an evening temperature of 101° to 102° Fahrenheit. This does not imply, however, that the temperature must sink to a normal point at once after treatment has begun, in order to insure a favorable termination, but it is necessary for the physician to have the conscio sness that he is master of the situation, and that he has the power of controlling the temperature and of maintaining it at a point below 100° Fahrenheit.

The first question that arises is in regard to the nature of fever in consumption. Fever in this disease, as in all others, has up to within a comparatively recent period, been regarded as an infectious process. In the present state of experimental disclosures, this theory is no longer tenable. According to the recent investigations of Dr. Isaac Ott and others, the phenomenon of fever must be regarded as the result of a disturbance in the heat regulating centres of the nervous system. These show undoubtedly that certain nervous centres dominate over the production and liberation of bodily heat, just as there are other nerve centres in the body which preside over motion and sensation. Disturbance of the latter is followed by muscular spasm or pain, while a disturbance of the former causes an undue evolution of heat. Fever may, therefore, be regarded as a reflex disorder, and according to this theory the fever of pulmonary consumption is due to an irritation of the thermogenic nerve centres, and a consequent rupture of the equilibrium between the heat production and heat loss of the body.

The degree of fever is, therefore, always an excellent guide in determining the degree of nervous disturbance which exists in any given case of pulmonary consumption. The intensity of the former is not, however, always indicated by the physical signs. The very gravest forms of the disease come before you with very little evidence of pulmonary disintegration, in which the thermometer shows an evening temperature of perhaps 104° Fahrenheit, with chills and a subnormal temperature in the morning. Such cases are living illustrations, not only of the neurotic theory of fever, but of the neurotic theory of pulmonary consumption, a view which I advocate very strongly in two lectures* delivered in the

**Therapeutic Gazette*, Nov. and Dec., 1888. Also (Philade phia), *Medical News*, May 25, 1889. *Medical Times and Register*, Aug. 10. 1889, and *Journal of Inebriety*, April, 1889.

Polyclinic evening course. The chills, the high fever, the sweats, the aching pains in the limbs and in the back, all indicate a grave disturbance of the nervous system, while the resgiratory organs are comparatively free from any signs of disease.

Fever, then, being a symptom of nervous origin, what are its therapeutic indications? I am convinced that nowhere does the value of rest in the treatment of consumption stand out more prominently and find stronger corroboration than in its application to the fever process. The truth is, that no physician does full justice to his patient who prescribes exercise at the same time that he is making efforts to reduce the fever. It is astonishing how readily the temperature of a consumptive flies up on the slightest exertion. I have seen it rise more than a degree of Fahrenheit's scale in consequence of the patient swinging the dumb-bells for five minutes, or taking a short, brisk walk. The facility with which the temperature of a consumptive is raised by physical exercise explains why many patients of this character improve so long as they are kept quiet in their beds, or in their rooms, but disappoint both their physician and themselves when, in accordance with the prevailing fashion, they are given the freedom, and are even urged to take plenty of physical exercise in the open air. Of course the tendency towards a rise in temperature when the patient first begins to move about exists in every case of this kind, but this should be carefully watched, and if it rises to 100° Fahrenheit he should be remanded to his couch, or be restricted in his movements, until he has accumulated sufficient stamina and resistance to endure exertion.

Rest is a febrifuge more powerful than quinia or antipyrin, and its employment is one of the secrets of the successful treatment of fever in consumption which obtains in the closed institutions of Drs. Brehmer and Dettweiler, in Germany. That this good result is not chiefly due to the elevated location of their institutions, on which they lay so much stress, is well shown by the fact that Dr. Holland (*Behandlung der Lungenschwindsucht im Hoch Gebirge*, page 48), in Davos-Döifli, at an elevation of about 6000 feet above the sea level, and probably 4000 feet higher than the location of the above-named institutions, is compelled to follow a precisely similar cause in reducing the fever of his phthisical patients.

From this it does not follow, however, that rest is the only remedy for the fever of consumption. We have recently added to our materia medica antipyrin, antifebrin and phenacetin,—agents which have a powerful controlling influence on this process. All of these drugs should be given for effect, *i. e.*, their doses should be large enough to reduce the temperature. Of the first I usually begin with seven-and-a-half grains every few hours, and if this is not sufficient I double the quantity. Of antifebrin and phenacetin four grains is the common dose with which to begin, repeated every two or three hours. Both antipyrin and antifebrin are liable to give rise to toxic effects if they are given continuously for a week or two—the former to a cutaneous eruption and the latter to a blueness of the bodily surface. This can be avoided by alternating the one with the other, or by giving phenacetin, which is not so apt to produce poisoning.

Society Reports.

CLINICAL SOCIETY OF MARYLAND.

STATED MEETING, HELD Oct. 4th, 1889.

The 230th meeting of the Clinical Society of Maryland was called to order by Dr. J. Edwin Michael, who occupied the chair in the absence of the president.

The annual reports of the several officers were read and accepted.

The chairman of the Executive Committee, Dr. Hiram Woods, reported as follows:

At the commencement of the last fiscal year, October, 1888, the membership of the Clinical Society was 186. During the year, 29 members were elected, 7

resigned, 7 were dropped for non-payment of dues, 1 was expelled, and 1 died during the past summer. The membership now is 199, divided among the different departments of medicine as follows: general practitioners 139, surgeons 17, pathologists 5, dermatologists 2, laryngologysts 6, gynæcologists 9, neurologists 6, oculists and aurists 10, specialists in children's diseases 2, mental diseases 2, diseases of the oral cavity 1.

The average attendance during the past year was 38,—3 less than during the year 1887–8. The largest number present at a single meeting was 60, on Jan. 4, 1889; the smallest was 30, at the annual business meeting, Oct. 5, 1888.

The work done during the past year consisted of the reading of 28 papers, three less than the number read during the previous year; the narration of 142 cases and the exhibition of 6 patients and 42 specimens. The subjects of the papers were: General Medicine 8, Therapeutics 3, Surgery 6, Gynæcology 3, Neurology 2, Obstetrics 2, Diseases of the Eye 2, Ear 1, and Anæsthetics 1. The work of the year was presented to the society by 34 men, as follows: physicians 15, surgeons 7, gynæcologists 3, obstetricians 2, pathologists 2, neurologists 1, oculists and aurists 4. It is worth noting that the average attendance (38), and the number of men who presented work to the Society (34), are nearly identical. This fact would seem to indicate that about one-fifth of our membership really took interest in the Society's work and came to hear one another. In any event, an average attendance of about one-fifth of the entire membership, with the offer of work from about the same number does not seem to the Committee to be a very creditable showing.

The minutes of our meetings were sent to the following journals: Philadelphia Medical and Surgical Reporter, Philadelphia Medical News, Philadelphia Times, New York Medical Journal, Journal American Medical Association, Cincinnati Lancet-Clinic, St. Louis Weekly Medical Review, Virginia Medical Monthly, North Carolina Medical Journal, Atlanta Medical and Surgical Journal, New Orleans Medical and Surgical Journal, Philadelphia Medical Bulletin.

The Society is called upon this year, as last, to record the death of one of its best members. Prof. Oscar J. Coskery passed away on the 4th of last July after a protracted illness. His activity in the Clinical Society before ill-health laid him aside, did much to make the meetings interesting and instructive Many of our members lost by his death a valued friend and the profession of Baltimore a surgeon who had always been to it a credit and honor.

Dr. R. B. Norment, of Woodberry, Md., was elected a member of the Society.

The following officers were elected to serve for the ensuing year:

President, Dr. R. B. Morison; Vice-President, Dr. W. H. Norris; Recording Secretary, Dr. H. E. Knipp; Treasurer, Dr. J. M. Craighill; Executive Committee, Dr. Robert L. Randolph, chairman; Dr. George Thomas, Dr. J. W. Chambers.

Dr. George H. Rohé was elected to fill the vacant place in the Finance Committee. This committee is as follows:

Dr. N. G. Keirle, chairmain; Dr. L. McLane Tiffany, Dr. Geo. H. Rohé.

Dr. I. E. Atkinson read a very exhaustive and interesting paper on the

OXYTOCIC ACTION OF QUININE.

Dr. F. C. Bressler related several cases bearing on this subject and emphasized his belief in such action being possessed by that drug.

Dr. J. G. Wiltshire said though he had not had such unfortunate results to follow the exhibition of quinine as others report, yet from the known influence it exerts over the contractile tissue of striated and non-striated muscles, one supplied by the cerebro-spinal axis, the other by the sympathetic system, he is prepared to receive the statement that it will stimulate and heighten the muscular tonus of the uterus, which receives its nerve influence from both cerebro-spinal and sympathetic systems(Gray)as to cause

that organ to expel its contents. The action of quinine upon the uterus is similar to that of ergot, without the objectionable feature of acting upon sets of fibres, so as to interfere with the dilatation of the os, or produce hourglass contraction. Studying the physiological action of quinine after Wild, one can readily understand how it may possess parturifacient properties. He, in his experiments with quinine, found that if given in small doses it increased arterial tonus and stimulated and heightened voluntary muscular contractions. If very large doses are given, or small doses long continued, the contractile tissue passed into a state of "rigor mortis," as evidenced by the heart's arrest in systole, secondary contraction of vessels, rigidity of the voluntary muscles and contraction of the œsophagus, and this may serve to explain the action of quinine in the case reported by Dr. Atkinson, in which tonic contraction of the uterus followed its use.

W. J. Jones, M. D.,
Recording Secretary.
1238 Greenmount Avenue.

INFANT MORTALITY FROM SYPHILIS

Dr. Le Pileur, physician to the woman's prison, Saint-Lazare, in Paris, has recently published the results of a series of investigations made to determine the influence of syphilis upon infant mortality. There were 130 women concerning whom reliable information could be obtained. These fell into three groups: 1. Those who had acquired syphilis after having had children. 2. Those who had no children until after they had contracted syphilis. 3. Those who bore children both before and after they had become infected. The 78 women in the first and third groups had had altogether before becoming syphilitic 209 children. Of these, 8 were still-born (3·8 per cent.), 99 died shortly after birth (47·3 per cent.), and 102 lived (48·8 per cent.). The 70 women in the second and third groups bore 153 children after becoming infected. Of these, 120 were still-born (78·4 per cent.), 25 died soon after birth (16·3 per cent.), and but 8 survived (5·2 per cent.). The 18 women in the third group passed through 43 pregnancies before becoming syphilitic, with a result of 27 children who died shortly after birth and 16 who survived. There were no still-births. These same women, after acquiring syphilis, presented a total of 31 pregnancies, which resulted in 21 abortions and 6 still-births; three children died soon after birth and but one survived. This last set of statistics would seem to show that syphilis exerts no special influence in preventing conception, but is extremely fatal to the fœtus.

Basing his conclusions upon these and other studies, Dr. Le Pileur asserts that (1), of 100 pregnant women 14 are syphilitic; (2), of 100 children of syphilitic mothers, not more than 7 will survive the first month of extra-uterine life; and (3), as a corollary of these two, 13 children out of every 100 perish as a direct consequence of syphilis in the mother.—*Bulletin de la soc. obstét. et gynécol.*, Nov. 11, 1888.—*Journal of Cutaneous and Venereal Diseases.*

Formerly Munich had a high mortality from typhoid fever. Since Pettenkofer instituted his measures of reform, this fever has become so rare that medical teachers are at a loss to find cases to show their classes. Thus, from being one of the most unhealthy cities in Europe it has become one of the healthiest. All this was due to the practical application of sanitary science to the city. Memphis, Tenn., in like manner has been changed from a notoriously unhealthy town to a city with as low a mortality as any city in the country having the same population.

Professor Nagous of Lyons, is dead. He was together with a Sister of Mercy, stabbed by a patient upon whom he was about to operate, and who, not being as fully under the influence of chloroform as was suposed, was so enraged at the touch of the knife that he snatched the instrument, and before he could be stopped had plunged it into the hearts of the unfortunate professor and the sister in attendance. The Courts will have to deeide how far the man was morally responsible.

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BALTIMORE, NOVEMBER 9, 1889.

Editorial.

THE MICROSCOPE IN DIAGNOSIS

It is astonishing that even now as widely used as the microscope is in pathology and in urinary analysis, it is so rarely employed as an aid to diagnosis in other troubles. The sputa and the blood contain an almost inexhaustible field for research, the result of which has been to make certain facts of decided practical use. In the sputa the detection of elastic tissue by the microscope is unerring testimony of a breaking down of the lung, if such tissue be found in the expectoration continually. Again, the presence of tubercle bacilli is the first indication of bacillary phthisis, the elastic tissue and other signs and symptoms invariably following these. By the rapid staining method five minutes suffice to prepare for examination for tubercle bacilli. Dry lenses are made in this country of sufficient strength and definition to make the detection of tubercle bacilli easy. They have been seen with a power of 350 diameters, but with less than 500 the search is not satisfactory.

The examination of blood is not such a formidable undertaking as many think. In malaria it is of decisive imporance, and although the magnifying power required is very high, still the staining procedure is simple, and the mere taking of a drop of blood from a patient's finger and spreading it on a cover glass may be done in a few minutes.

If these supposed theoretical facts of medicine were brought more into actual practice, and the microscope were used for a short time daily in the detection of of these diseases, the time spent would be little and the results to an intelligent worker would be most satisfactory and certain.

THE VICTIMS OF MEDICAL PROGRESS.

In the present abnormal condition of this planet upon which we live, it seems as if progress in knowledge inevitably brings in its train evil as well as good. In the triumphant advance of civilization, savage man in a forlorn effort to change his habits of life, falls a victim to new and deadly diseases. Each new application of machinery to manufacture involves the reduction of many handworkers to poverty. The same ship bears to newly discovered lands not only the comforts of higher life but also the curse of cheap and poisonous liquors. Even the blessed establishment of liberty

of thought and action throws open the door to license and anarchy.

So, too, the course of medicine down the ages, is marked by the graves of the victims of scientific discovery. He must be ignorant and incompetent indeed, who doubts that the noble art of medicine has conferred upon mankind blessings which atone a thousand-fold for the sufferings it has inflicted; yet it is unwise to forget the errors and the sins against knowledge into which the profession in the past has fallen. Is there nothing to temper the disdain with which the cultured physician of the present day looks back upon the bloody men who thought the lancet was well-nigh a panacea for human woe? Surely in the absurdities and the wild experimentation of our day one may find food for humble reflection. Behold how one doctor conquers the nimble germ by pumping poisonous gases into the rectum, while another burns him out with superheated air! Who can count the victims of reckless antiseptic treatment? Just now the craze seems to be to reduce temperature. Some one states that a temperature above 101° F. is harmful and calls for reduction. At once a host of more or less deadly poisons are thrown upon the market and energetic experimenters fill the journals with glowing accounts of the temperature-reducing powers of these drugs. Then the death-list is started and case after case is related of the fatal application of these remedies. Finally the fact is discovered that excessive heat of the blood is not of itself dangerous and that its reduction is of no value unless the conditions which accompany it are changed. Surely the intelligent physician needs caution in applying these new drugs and in steering clear of the wild theories which daily startle and mislead the medical profession of the nineteenth century.

THE PYREXIA OF PHTHISIS.

One of the most typical symptoms of consumption is the fever. When a patient presents himself with a cough and history of emaciation, the careful use of the thermometer will often throw most important light on the diagnosis. While the temperature in most diseases is generally an exaggerated daily temperature curve of health, the pyrexia of phthisis is entirely atypical, and this alone should make us note the temperature, taken several times throughout several days in a suspicious case.

According to Williams we must bear in mind two principal agencies to which the temperature in phthisis is due. There are excessive action of the processes by which the heat of the body is maintained and a collapse of the constitutional powers. Two peculiarities are also noticeable in the temperature of phthisis, namely, its height in the afternoon and its fall at night and subnormal character in the early morning. This latter condition is peculiarly characteristic.

Undoubtedly, in the treatment of phthisis fresh air is all important, but, as Dr. Mays very properly says in this issue, physical exercise should be interdicted during such high temperature, especially when it rises from below normal to a great height. This is very true, but a consumptive patient should not be kept in bed unless absolutely compelled by weakness. Fresh air may be obtained when the patient is passive and a short drive or a comfortable chair in the sun will often, on a cool day even, be of desired benefit if the patient be protected by proper clothing. The use of

antipyretics in this condition is very unsatisfactory and is often very weakening to the patient. As the highest temperature is post-meridian the best plan is to let the patient rest in a bed or reclining chair for an hour or two in the afternoon in the open air and take light exercise in the morning.

Miscellany.

REGULATION OF BREATHING IN SEA-SICKNESS.

Dr. Ivan A. Mitropolsky, of Moscow, warmly recommends, on the ground of his personal experience, the following simple method for preventing or aborting all symptoms of seasickness. As soon as giddiness, nausea, etc., appear, the author shuts his eyes and begins to make deep and slow inspirations and expirations. In a few moments (sometimes after three or four respiratory cycles), the symptoms disappear, to yield to a comfortable subjective sensation. On their reappearance the same procedure is repeated again and again. If the recurrence be rather frequent, it is better to perform the procedure in a recumbent posture (with closed eyes). Since the time the author has begun to practise the method he never yet suffered from vomiting when on board. In referring to this case in the London *Medical Recorder*, Dr. Idelson says that Dr. Mitropolsky seems to think that the means proposed by him is novel. Meanwhile, in the *British Medical Journal*, March 24, 1888, p. 676, he will find a very interesting note by Dr. J J. Leiser, in which the writer says (1), that seasickness is caused by irregular and imperfect respiration, leading, necessarily, to an inadequate aëration of the patient's blood, which consequently becomes poisonous to his brain and gives rise to sympathetic sickness; (2), that a system of regular, free breathing prevents sickness or rapidly relieves it; and (3), that his experiments were successfully repeated by Drs. G. C. Stockman and C. W. C. Prentice, who, having selected ten suffering passengers, each seated himself with five of them and "timed the breathing in the following manner: they (the doctors), raised the hand from the knee, indicating an inspiration, and down again for an expiration, thus timing the respirations to exactly twenty per minute. At the expiration of one hour the active symptoms in each case had entirely subsided." By this time the doctors had thoroughly educated their patients in the *modus operandi* of the cure. The cases continued to be permanent "cures" during the remainder of the voyage from Queenstown to the United States. The writers conclude by asserting that "the cure is infallible in all cases that persist in carrying it out."—*Med. Record.*

TREATMENT OF BARBER'S ITCH.

Dr. Rosenthal orders the seat of the affection to be closely shaved daily and the following ointment to be rubbed in twice a day:

℞ Acid. tannic.,		gr. xlv.
Lact. sulph.,		ʒjss.
Zinc. oxid.,		
Amyl.,	āā	ʒiv.
Vaseline,		℥j.

M. Sig.: To be used twice daily.

In a month nothing remains of the eruption but a very slow disappearing erythema—*Weekly Med. Review*, Sept. 14, 1889.

THE BLOOD IN PHTHISIS AND CANCER.

Dr. G. Neubert (*La France Méd.*, No 118, from *St. Petersb. Med. Woch.*, No. 32), has examined the blood in twenty four cases of phthisis at various stages, and found that in nine the number of corpuscles was normal, in three it was above, and in twelve more or less below, the average. On the whole, there was an average diminution of about 8 per cent. The increase noted in these cases might perhaps be attributed to profuse night sweats. The hæmoglobin showed a reduction to 73 per cent. in the females and 85 per cent. in the males. There

was no notable change in the number of leucocytes, but it was observed that multi-nucleated forms predominated. In five cases of cancer of the œsophagus and four of cancer of the stomach there was an invariable diminution in the number of red corpuscles, and also notably of hæmoglobin. It is inferred that the hæmoglobin, being the more "sensitive" element of red corpuscles, is more profoundly affected in cachexia than the stroma of the corpuscles. A distinction was made between the anæmic and marasmic types of cancer, the latter exhibiting an average reduction of 13 per cent. of corpuscles, whilst the hæmoglobin fell to 87 per cent. of the normal; the former showing a corpuscular reduction of 35 per cent.; whilst the hæmoglobin was as much as 70 per cent. — *Lancet.*

IMMEDIATE RELIEF OF HOARSENESS.

The first Napoleon is said to have been subject to sudden attacks of severe hoarseness, for the immediate relief of which his physician was in the habit of prescribing the following, known as Foreau's syrup:

℞. Liquor ammoniæ fortioris . m x.
Syrupi erysimi . . . . . ʒ iss.
Infusionis tiliæ florum . . ʒ iiss.
M.—To be taken at one dose.

Erysimum officinale (*sisymbrium offic.*) or hedge mustard, is no longer officinal, but is easily obtained. It is a small annual growing almost everywhere in the United States and Canada, as well as in Europe. The infusion of linden (tilia), is used simply as an agreeable vehicle, and may be dispensed with or supplanted by any other pleasant vehicle.—*St. Louis Med. and Surg. Jour.*

THE HÆMOSTATIC PROPERTIES OF ANTIPYRIN.

Almost ever since its introduction into therapeutics, antipyrin has been employed with success in the treatment of various hemorrhages, whether occurring in the form of epistaxis, metrorrhagia, purpura, or hemorrhage of traumatic origin; and a striking example of this property is published by Dr. Saint-Germain in the *Revue Mensuelle des Maladies de l'Enfance* for Aug., 1889. The case was one in which enormously hypertrophied tonsils were removed from a boy 14 years of age. The tonsils were removed by a bistoury and the bleeding surface vigorously mopped with a camel's-hair pencil soaked in a solution of antipyrin. Scarcely any hemorrhage whatever occurred, a fact which is attributed by the author to the hæmostatic properties of the antipyrin. —*Therapeutic Gazette.*

ATRESIA VAGINÆ AND HÆMATOSALPINX.

Atresia of the lower part of the genital tract, with retention of menstrual fluid, is a well-known pathological condition. The vagina rather than the hymen is at fault. Dr. Fuld, of Heidelberg, describes in the *Archiv für Gynäkologie* a case where a girl, aged 15, suffered from duplicity of the genital canal, with unilateral atresia vaginæ, hæmatocolpos, hæmatometra, and hæmatosalpinx. The blood was evacuated from the vagina by means of a trocar and the knife, then the abdominal cavity was examined and the hæmatosalpinx punctured, the affected tube being removed when empty. The walls of the uterus were much hypertrophied. The late Professor Breisky found not only the uterus, but also the vagina, hypertrophied in a case of atresia, the vaginal walls contracting powerfully one week after operation. In Dr. Fuld's case recovery was retarded by premature closure of the opening made in the vagina at the end of the seventh week. A cystic tumor formed, which proved to be an abscess, bursting into the lower part of the vagina in the tenth week. The uterine orifice of the distended tube was wide, hence Dr. Fuld thought that in this case, at least, hæmatosalpinx was due to reflux of blood from the uterus, and not, as some believe, to hæmorrhage from the tubal mucous membrane. Dr. Fuld has collected 65 cases of atresia with hæmatosalpinx. In 48, death occurred from the malforma-

tion, including 39 cases where the patient underwent operation. In cases not subjected to operation death is usually caused by bursting or suppuration of the tube. Dr. Fuld recommends the double operation, which he performed, as above described, and considers that this proceeding is especially necessary when the tube has burst. He considers that a circular piece of the vaginal wall should be cut away around the seat of puncture of the hæmatocolpos.—*British Medical Journal.*

THE TREATMENT OF BURNS BY IODOFORM.

At the recent International Congress of Dermatology and Syphilography, held in August last in Paris, M. Schiff, as reported by a special correspondent of the *Medical Press and Circular* for August 28, 1889, spoke on the treatment of burns by iodoform, as advocated by M. von Mosetig-Moorhoff, which was very successful, especially in calming pain. The bullæ should first be cut away and the wounds gently washed with a very weak solution of table salt, then several layers of iodoform are placed on the burn, the whole covered with a layer of oilskin. The first dressing should not be changed before the end of the first, or even second week. When the burn is situated on the face, a pomade of iodoform of 1 in 20 should be applied, covered with oil silk.

M. Hebra said that iodoform gave very good results in the treatment of burns *au début* before the eschars have become detached, but when that stage arrives iodoform prevents the granulations from being covered with epithelium. Resorcin, on the contrary, in a solution of one or two per cent., favors the rapid formation of epithelium.—*Therapeutic Gazette.*

THE TREATMENT OF PHARYNGEAL ANGINA BY THE INTERNAL ADMINISTRATION OF SALOL.

In 1888, Dr. Capart, in a clinical lecture, called attention to the almost miraculous power possessed by salol, given internally, in doses of 60 grains, in the treatment of suppurative tonsillitus; and this statement led Dr. Gougenheim to test the value of this remedy in twenty-two different cases of various forms of inflammation of the soft palate, tonsils and pharynx, employing doses of 45 to 60 grains, taken in three or four doses throughout the day. On account of its insolubility, the drug was simply suspended in a mucilaginous emulsion, which was subjected to thorough shaking before being administered. These cases appear to show that salol exerts the greatest influence on pharyngeal angina, whatever be its cause. The author claims that it relieves with the greatest rapidity pain and dysphagia, while shortening the duration of suppurative tonsillitis, at the same time reducing temperature.—*Revue Générale et de Thérapeutique*, August 22, 1889.

FORMULA FOR MIGRAINE.

Dr. Hammerschlag publishes, in the *Allgemeine medicinische Centralzeitung*, the following prescription which he has found valuable in migraine:

℞.—Caffein. citrat.,	gr. jss.
Phenacetin,	gr. iij.
Sacchar. lacti.,	gr. v. M.

Ft. Pulv.

Such a powder may be taken every two hours until the patient is relieved.—*The Provincial Medical Journal*, Oct. 1, 1889.—*Medical News.*

CHRONIC ENDARTERITIS.

Chronic endarteritis has long been a recognized condition on the autopsy table, its terminal stages being atheroma and calcification. Its pathological histology is regarded as quite precisely determined, the process residing mainly in the intima which becomes thickened by an infiltration with round cells, wandered out from the *vasa vasorum.* Some of these cells undergo an imperfect fibrillation, while others undergo fatty metamorphosis. The result of the latter is an opaque white spot, or *plaque*, which contrasts strongly with the pink hue of the sound intima, and in vessels so small as to be transparent, is seen through from

the outside. In vessels of large size, like the aorta and its large branches, where many of these cells nndergo fatty degeneration, a liquid mass composed of fat drops, compound granule cells and chloresterine plates is sometimes formed, known as "atherom-pulp." Sometimes the intima is bored through into the lumen of the vessel and a small opening is formed—the atheromatous ulcer. This occasionally communicates with sinuous areas under the endothelium. The atheromatous areas in the large vessels are often associated with calcareous plates, or replaced by them. These represent a calcareous infiltration of the imperfect connective tissue alluded to. The atheromatous abscess and calcareous plates are confined for the most part to vessels of large size, weakening the vessel wall, taking away its elasticity, one of the propelling forces of the blood, and favoring the production of aneurism of the vessel and hypertrophy of the left ventricle. In vessels of medium and small size the white atheromatous patch of fatty degeneration is seen protruding more or less into the lumen of the vessel. In endarteritis of less degree, this same thickening occurs in proportionate amount, often so slight as to produce no appreciable change in the color of the intima and to require the microscope for its recognition, but by aid of the latter is seen with great distinctness, especially in transverse sections of the vessel. The cause most easily discoverable when present are syphilis, gout and alcoholism, or rather the conditions of the blood which lie at the bottom of these affections, as well as of rheumatism; it is getting to be very commonly recognized also that blood over-charged with proteid material derived from eating an excess of meat and allied substances is also capable of producing endarteritis.

The diagnosis of this condition before death has not, until comparatively recently, attracted much attention. It was thought as a rule sufficient to recognize the aneurism resulting from it, and the signs of narrowing of the cardiac orifices, or insufficiency of the cardiac valves due to the involvement of the latter in the process, and to explain apoplexies by its presence in the cerebral vessels. More recently, however, attention has been called to it at an earlier stage, and attempts made to find symptoms by which it may be recognized during life. Among those thus interested, Dr. Arthur V. Meigs is conspicuous by two important papers, both read before the College of Physicians of Philadelphia, the first published in Vol. X., 1888, of the "Transactions," entitled *A Study of the Arteries and Veins in Bright's Disease*, and the latter, read June 5 of present year, entitled *Chronic Endarteritis and its Clinical and Pathological Effects*. Although Mr. Meigs speaks of chronic pulmonary endarteritis, chronic cerebral, as well as chronic cardio-renal endarteritis, a careful analysis of the eighteen cases reported shows that in four only were albumin and casts absent. In all of the fourteen these symptoms, and in some dropsy and epistaxis were present, all symptoms heretofore regarded as diagnostic of chronic Bright's disease, so that Dr. Meigs would transfer these cases from this category to that of chronic endarteritis. The latter conditions were found by post-mortem examination in two. In addition to epistaxis, are added as symptoms of chronic endarteritis, cerebral apoplexy, stiffening of the arteries, recognizable by the touch; for although this is due to calcification of the muscular coat, it is always accompanied by an atheromatous intima. To these must be added numerous and varied nervous symptoms. The various disturbances of cardiac function are also regarded by Dr. Meigs as among the most constant and grave accompaniments of endarteritis, so also œdema without discoverable organic lesion. As symptoms of this same condition in the blood vessels of the lungs he names bronchitis, catarrhal pneumonia, asthma or emphysema, but his illustrations include no drawings showing the presence of endarteritis in the blood vessels of the lung, and very few examinations, if any, appear to have been made by any one of the blood vessels in this locality. The vessels of the liver, he says, are often involved in this process, while the spleen, according to Dr. Meigs, is one of the

organs in which pathological change of the vessels is most common. That Dr. Meigs is in the main correct, when he transfers certain cases from the category of chronic Bright's disease to chronic endarteritis, we have no doubt. That all cases of chronic Bright's disease should be thus transferred, we are not ready to admit. Indeed Dr. Meigs does not say that this should be done, but he leaves us to infer as much. The propositions laid down many years ago by Dr. George Johnson,* that diseases of the kidney start either from the tubules, the blood vessels, or the interstitial connective tissue require no modification to-day, as to the category including those which start from the tubules, *i. e.*, the cases of parenchymatous inflammation, or tubal inflammation, as they were named by Dr. Johnson himself. The chronic form of this variety, whether primarily so or secondary to acute disease is not a disease of the blood vessels, but is primarily at least confined to the tubular structure. The variety which would have to be obliterated, if any, would be the interstitial form, since it is the form in which we have the changes alluded to as present in the blood vessels in the most marked degree. There are objections on the other hand to such a course. In true interstitial nephritis, so-called, there is a very positive overgrowth in the connective tissue, and a reduction in the size of the kidneys, due to destruction of its tubular substance, just as the parenchyma of the liver is destroyed in cirrhosis of that organ, and whatever may be the cause, the predominance of this feature is such that it can scarcely be ignored in a classification. If it be conceded that a poison such as alcohol, circulating in the portal blood, is capable of producing an overgrowth of connective tissue in the liver without altering the blood vessels, there is perhaps even more reason why this should be true of the kidney. Again, we dare not say thot the endarteritis, which is so constantly associated with interstitial nephritis in the vessels of the organism at large, as well as the kidney, is altogether due to the urea with which the blood becomes especially charged in this form of disease. We believe, therefore, that few will be willing to omit the form interstitial nephritis from a classification of kidney diseases.

May there not again be a separate condition of general endarteritis shared in by the vessels of the kidney as well as the system at large, in which as a consequence of kidney involvement, there are albuminuria and casts, but in which the force of the disease is less concentrated upon the kidney, and the consequence less conspicuous, while in other cases the kidney suffers most severely and becomes the seat of those conspicuous changes which here give rise to the term chronic interstital nephritis, or contracted kidney? Be that as it may, we are much indebted to Dr. Meigs for the light his industry and thought have shed upon this subject, and we doubt not that these, continued in the same train, will lead to further developments which will shed more light upon a still obscure ground. —*University Med. Magazine.*

*The condition referred to by Dr. Johnson as starting from the blood vessels is amyloid disease.

TREATMENT OF PRURITUS VULVÆ.

Dr. Percy Newell recommends the following lotion for pruritus vulvæ:

℞.—Acid. Carbolici,	gr. xvi.
Tr. Opii,	f ʒ ss.
Acid. Hydrocyan. dilut.,	f ʒ ii.
Glycerini,	f ʒ ss.
Aquæ destil. q. s. ad.,	f ʒ iv.

Dr. Scanlan recommends the following:

℞.—Cocain,	gr. i.
Lanolin,	ʒ i.

M. Ft. unguentum.

—*Medical and Surgical Reporter.*

IS PHENACETINE A REMEDY IN WHOOPING-COUGH.

D.r R. Heimann, of Landau, answers the above question affirmatively, having used the drug experimentally in a case in which antipyrin entirely failed. The

success was so surprising that he administered the drug in two other cases. It reduced the number of paroxysms, which had been from ten to fifteen per diem, to three, and on some days they entirely ceased, only reappearing at night, when no phenacetin was given. Dr. Heimann gave a boy of three years six grains in four doses of one grain and a half, a girl of two years five grains in three doses, and an infant of seven months three grains in four doses, without observing the slightest ill effects. One grain and a half of phenacetin would, on the average, retain its effect for three hours. The author recommends further trials of the drug.—*Lancet.*

CHRONIC GONORRHŒA.

Dr. Wm. Fleiner recommends the following injection for chronic gonorrhœa:

℞.—Argent. nitrat.,	gr. j.
Lanolin,	gr. l.
Ol. olivæ,	gr. xx.—M.

The nitrate of silver should be dissolved in a minimum amount of water before incorporating with the other ingredients.—*Münchener medicinische Wochenschrift, No.* 40.

IODIDE OF POTASSIUM AS A CARDIAC TONIC.

M. G. Sée has recently pointed out, before the Academy of Medicine, that iodide of potassium, far from being a depressant, is really a cardiac tonic, of almost equal value to digitalis or strophanthus in certain cases. Indeed, he says that iodide of potassium is the real cardiac drug (*vrai médicament du cœur*), since, when prescribed in cases of uncompensated mitral lesions or affections of the myocardium, it increases the cardiac power and raises vascular tension. Thus, by subsequently causing dilatation of the arterioles, it enables the heart to recover its power and and affords also better facilities for the coronary circulation, thus improving the nutrition of the heart muscle.—*Lancet.*

VARIOUS NEW REMEDIES IN THE TREATMENT OF PHTHISIS.

We have had occasion from time to time to refer to various new methods and remedies in the treatment of phthisis, and have quoted at some length the results obtained by Houzé with tannic acid, by Ransome with inhalations of oxygen, and the excellent *résumé* of Shingleton Smith of the drugs suggested by the germ theory or this disease.

Paul Chéron (*L' Union Médicale*, Nr. 104 and 105, 1889), in a reviewof the therapeutics of phthisis adopts the classification of Gilbert, and divides the new remedies directed towards the relief of this disease into: (1) Inhalations; (2) powders; (3) gaselious appcations (method of Bergeron); (4) injections; (5) internal antiseptic medications; (6) modifications in climate; (7) non-medical external methods; and (8) symptomatic medication.

Carbonic acid, since the experiment of Weill, has not received much attention; Nothnagel and Rossbach doubt its utility.

Sulphydric acid has been employed by Allevard and studied by Niepce; the patient respired during an hour 52 litres containing one-half of the gas, and good results were obtained in the first and second stages of the disease. Sulphurous acid, as we know from the researches of Durjardin-Beaumetz, produces modification of the catarrhal state with diminution of the expectoration and lessening of the cough. Inhalations of iodoform and of terebinthinate essence have yielded contradictory results; benzoate of soda has been abandoned.

Hydrofluoric acid has been, as is well known, the subject of much experimentation, and the following are some of the resuit: Raimondi reported to the Congress on Tuberculosis, in Paris, 128 cases treatesd by the inhalation of the vapors of this acid with a cure (disappearance of the bacilli) in 28, amelioration in 18 who had cavities; 5 died of acute pulmonary processes. Jaeger (*Deutsch. med. Wochenschrf.* 29, 1888) obtained in 5 cases disappearance of the bacilli from the sputum and considerable dimi-

nution in the physical signs; in 7 cases there was notable local improvement: in 2, with laryngeal phthisis the inhalations provoked inflammatory reaction. Andollent concludes from seven observations that the inhalations act rather upon the general tubercular condition than upon the local pulmonary lesion. He secured a rapid return of appetite and lessening of the dyspnœa by the use of this method. Tisné (*France med.* 82 and 83, 1889) tried inhalations of hydrofluoric acid vapor in 46 cases, 32 of which had not passed the second stage of phthisis, and produced amelioration in 13 instances; in 16 the disease remained stationary, while in 3 it was aggravated. In emphysema and asthma Tisné was able to confirm the reservation of Chevy that the inhalations must be employed with great caution, as they may provoke attacks of suffocation. Gilbert, who has treated 30 cases, with benefit to 19, negative results in 3, aggravation of the disorder in 3, and 5 deaths, recommends the following formula, which is sufficient to use for six days:—

Hydrofluoric acid,	
Water,	āā ℥ x.

and concludes from his study that this method gives the best results among the newer inhalation remedies. This conclusion is by no means in accord with the observations of all observers, thus Lépine, it will be remembered, was unable to discover any improvement in his cases, and Daremberg failed to secure beneficial results in the treatment of phthisis. Neither is this statement in accord with direct experimentation, since we know that Grancher and Chautard in their researches reached the conclusion that the vapor was of little value, and that, although if used for prolonged periods of time, it diminished the virulence of the tubercle bacilli, it did not kill them.

Among the internal remedies Chéron reviews the results obtained by Laskoff (*Nouveaux Remèdes*, 1889, 350) with the use of homeriana, a Russian plant which has an irritating oil for its active principle, and which the author prescribes in the form of a decoction or infusion:—

Infusum homerianæ,	℥ j.
Distilled water,	Oij.

To be taken in 24 hours.

With the exhibition of this remedy he obtained beneficial effects in 90 out of 112 cases of phthisis, securing reduction of the temperature and diminution in the amount of the sputum.

Lashkewick has used the borate of ammonium in the dose of 3½ grains thrice daily, and found under its influence a notable lessening in the quantity of expectoration, and reduction in the febrile reaction.—*University Med. Magazine.*

EAR DISEASES AND NERVOUS DEPRESSION.

In the early days of railways, fashionable physicians harped loud and long on the distressing effects on the nervous system of long-continued vibration. This fertile source of nerve mischief has been lessened very much of late by vast improvements in the machinery, especially in the matter of brakes and springs. But there are still many neuroses arising from incessant and, comparatively speaking, violent vibration on peripheral nerves. One of these is ear disease in its common kinds. There cannot be the least doubt that Ménière's disease is not the only neurosis which results from aural mischief. To be convinced that low spirits and inertia with absolute disinclination for work are frequently largely to be attributed to auditory derangement is very necessary for successful treatment. Indeed, the depression or melancholia may take the form of paroxysms as definite in their way as those of labyrinthine vertigo. Derangements of digestion, of circulation and of excretion are powerful in helping the ear mischief to produce nervous symptoms. This is a matter deserving of great consideration in undertaking the treatment of cases whose primary and principal cause is in the organs of hearing.—*Lancet.*

ARTIFICIAL FOOD FOR INFANTS.

Dr. Escherich, of Munich, gave a lecture in the Pædiatric Section of the sixty-second meeting of German Naturalists and Physicians at Heidelberg, advocating a reform in artificial feeding of infants. He bases his belief in the necessity of such a reform on the errors produced by Biedert's theory, which depends upon the difference between cow's milk and normal human milk. Biedert's view was that all the troubles and diseases occurring in artificially-fed infants were due to the indigestion of the caseine of the cow's milk, causing irritation of the mucous membrane of the bowels. He therefore considered that if the latter were diluted so as to contain 1 per cent. only of caseine, the infant could not possibly take an injurious quantity of this noxious substance. Dr. Escherich considers that this theory and the practice resulting from it have gone far to prevent due care being exercised as to much more important conditions. Such are, according to the lecturer, germs and fermentation in improperly kept cow's milk, the number of meals, and the quantity of food given at a time in proportion to the capacity of the infantile stomach, the total quantity of nutritious matter and its proportion in the food, and finally the injurious effect which the water which has been added to the food has on the digestion and the metamorphosis of nutritious matter. Dr. Escherich holds it above all necessary to return to physiological principles, and so to approximate artificial feeding as much as possible to the mother's milk, as regards the absence of germs and the number and quantities of meals. The lecturer then pointed out that it is easy enough by sterilization of small quantities of milk according to Soxhlet's plan to comply at least theoretically with all these conditions, and at the same time time to limit the quantity of caseine so as to fulfil Biedert's requirements. This method, which Escherich calls volumetric, as opposed to Biedert's percentage method, is best applied be Soxhlet's apparatus, provided with graduated feeding bottles.—*Lancet.*

HYPNOTISM RETAIL AND WHOLESALE.

Happily for the credit of the profession, the facts of the hypnotic state are pretty widely known and appreciated. A halo of mystery, a spice of the unknown, a faint suspicion of dalliance with occultism, render the so-called science of hypnotism a refreshing and acceptable change to the overwrought mind of the hard-working medical practitioner, and he is not backward to show his appreciation by joining societies at which hypnotic séances are held, or in other ways to keep himself *au courant* with the matter. But he is not always able to see beteen the lines and sift the science from the chicane. Against alike all the best feelings of humanity and the ethics of professional etiquette are "show exhibitions" of hypnotic phenomena, when the unknowing public are invited to attend upon paying an entrance fee. As well might the operating theatres of our hospitals, or the wards where our hystero-epileptics are treated, be made a focus for public attention, and afternoon receptions given, the proceeds of payment being of course given to "a charitable object." But we reach the climax of undesirability when the "charitable object" be the promoter of the show, whether he calls himself "experimental director," "professor," or what not. Hypnotism, if in any way a remedial agent, belongs to the therapeusis of regular practitioners, and so falls within the scope of existing societies, such as the Neurological, Clinical and Psychological, and so there can be *raison d'être* for a concern such as is proposed under the aggressive title of the "Magnetic and Hypnotic Society of Great Britain;" and when we state that the "experimental director" has held public performances, we need hardly offer further arguments against a concern which cannot be deserving of the support of scientists or the public.—*Lancet.*

The American Academy of Medicine will hold its Thirteenth Annual Meeting at Leland's Hotel Chicago, Ill., on Wednesday and Thursday, November 13th and 14th, 1889.

Medical Items.

Dr. Charles L. Weed, a well-known oculist of Philadelphia, died recently.

Dr. George J. Preston and wife have returned from Europe.

Dr. Howard A. Kelly has an office at 119 North Broadway.

Co-education seems to be a settled thing at the University of Pennsylvania.

Diphtheria prevails throughout the State of Kentucky.

Dr. Wm. Osler has taken an office at 209 West Monument street.

The *Detroit Free Press* considers the land flowing with milk and honey a bad place for bilious colic.

St. Louis, Mo., has ten medical Colleges. She leads the cities of the United States in the number of medical colleges.

At the next meeting of the Clinical Society, Drs. Platt and Kelly will present papers.

The fair now in progress at Oratorio Hall for the benefit of the new city hospital is a great success.

Several students at Yale are down with the typhoid fever, but nothing like an epidemic prevails or is feared.

The National Prison Association will hold its annual congress at Nashville, Tenn., November 16, 17, 18, 19.

Dr. Isaac E. Taylor of New York, President of the Faculty of Bellevue Hospital Medical College, died suddenly last week.

It is stated on good authority that Bellevue Hospital is to have a training school for men nurses, endowed with $80,000, the gift of a Californian.

Dr. Phillippeau will hereafter edit the *Gazette de Gynécologie* in place of Dr. P. Ménière, who retires on account of failing health.

The Faculty of the College of Physicians and Surgeons of New York have raised the lecture fees from $150 to $200 a year. This is a step in the right direction.

A chiropodist will henceforth be attached to every German regiment. Keeping soldier's feet in order is one of the most important elements of successful war.

The German Medical Congress has resolved that the obligatory period of medical study including the term of military service should be fixed at not less than five years.

The Beaumont Medical College, of St. Louis, was burned to the ground recently. The Faculty have, however, secured another building, and the lecture course will be continued.

The first medical degree ever given to an American woman was given forty years ago. To-day there are 2,600 women in this country having diplomas from either American or foreign schools.

An Extraordinary Professorship of Clinical Medicine and another of Inorganic Chemistry is to be founded, and a Pharmacological Institute established at Munich. The last is to cost about £1500 ($7500).

The Dominion Department of Agriculture has been advised of the arrival at Deptford, England, from New York, of another cargo of animals infected with pleuro-pneumonia.

A Chicago hotel now employs a chemist to analyze all food and determine the amount of adulteration. The bill of fare contains a carefully prepared table showing the composition of edibles, including the hash.

The physicians of Biddeford, Me., objecting to amputate the foot of a man 80 years old, suffering with dry gangrene, the patient performed the operation himself. A doctor had to finish the the work; but the man now walks about without a crutch.

It is probable that the 1891 meeting of the British Medical Association will be held in the ancient city of Bristol, the metrop-

olis of the West of England, a city noted for its historic buildings and romantic surroundings.

At the next meeting of the Baltimore Medical Association, on Monday November 11th, the following papers are announced: Detachment of the Retina, by Dr. A. Friedenwald; Dermatitis Exfoliativa, by Dr. R. H. P. Ellis; Infant Feeding, Dr. W. F. A. Kemp.

The American Association for the Study and Cure of Inebriety, will give a Dinner to its President, Dr. Joseph Parrish, in honor of the Seventy-first Anniversary of his birth, at his home, Burlington, New Jersey, on Tuesday, November 12th, 1889, at mid-day. Several addresses may be expected.

The *Medical Mirror* is the name of a new medical monthly to be edited by Dr. I. N. Love in St. Louis. The fist number will appear next January. Dr. Love has been well-known in medical literature for some time and the public may expect a journal of high order. A full announcement will appear later.

A giraffe has been born in the Cincinnati Zoo. it being the first delivery of this kind that ever took place in this country. It is said to have been a head presentation and to have been a long labor, the baby being nearly six feet from tip to toe when dropped.

Since August 1st, sterilized milk has been furnished to children under treatment at the Philadelphia Polyclinic. The milk is sterilized by the Visiting Nurse Society of Philadelphia, and taken to the child by the nurse in attendance, in the bottles in which it is prepared. Milk and bottles are furnished the parents at cost. The results have been excellent.

Mr. Edward Atkinson lately spoke before the American Public Health Association on the economics of cooking. He not only gave the audience a sample of the work performed by his single-lamp-power ovens, but he gave to each person desiring it a reprint of his paper, prepared for him by the publishers of the "Popular Science Monthly," a day in advance of the regular appearance of the magazine.

According to Dr. Paul Börner's "Reichs-Medicinal Kalender für Deutschland" for the year 1888 there are 16,864 medical men and 514 dentists in practice among a population of 46,840,587 in the German Empire, while the number of chemists' shops is 4,671, and of hospitals 2,737. In face of the figures, it may be truly said that the dental profession is not overcrowded in the Fatherland.

Owing to increased demand, several back numbers of the JOURNAL have been exhausted. Subscribers, exchanges and others would confer a great favor on the proprietors by sending

Vol. XXI. No. 19,
" " " 22,
" " " 26.

For good, clean copies ten cents per number will be given if the request be made with the JOURNAL.

A meeting was recently held in the rooms of the Spanish Medico-Chirurgical Society at Madrid with the view of arranging an international medical congress to be held in Madrid in 1890. Though the proposal received influential support, the general feeling was that it would not be desirable to organize a gathering which should in any way clash with the congress in Berlin. The suggestion was thrown out that an attempt should be made to have the Eleventh International Congress held at Madrid in 1893.

The Charité Hospital in Berlin, which is so well known as the cradle of many important medical investigations and the school in which many lights of the profession have been trained, is about to be extensively enlarged and to have a new Polyclinic added.

An excellent drawing by Albrecht Dürer was found lately in a medical book in a library at Zwickau. It represents a dying man sitting behind a stove and Death threatening to extinguish the light of life, while a female form personifyiny the Art of Healing approaches to save.

The money lost to this country annually by sickness and death, says Dr. Porter, of Connecticut, is five and one-half thousand millions of dollars.

Original Articles.

INAUGURAL ADDRESS.*

BY ROBERT B. MORISON, M. D.,

Chief of Dermatological Clinic, Johns Hopkins Hospital.

Gentlemen: In assuming the honor of being president of your society the thought occurs to me that I have no especial fitness for such an office. I feel that a greatness has been thrust upon me.

To-night begins the fifteenth year of the Clinical Society. In 1875 a few of us got together to form it and if memory serves me well I was chosen the first secretary. The office even then was no sinecure, but it was not a circumstance to what it is now.

Rising as it did from the ashes of the old Pathological Society, which went to pieces discussing medical ethics, the Clinical has had great success. What ruined the old society has been barred out in public discussion in the new, so that we may congratulate ourselves that we have no such rocks to split upon.

Every member of the Society should read its constitution. In it they will see some useful reminders to which it is the duty of the presiding officer to call attention, but which he prefers generally not to do since such has not usually been the custom. Speakers should confine themselves to the ten minute rule and they should not speak more than once if they can possibly convey to the Society their ideas on a subject in that time. Rising for an explanation is of course fitting and proper. By observing the rule of doing to others as you would be done by there would be fewer words said but more to take part in the discussion.

It seems hardly fair to the others for any member to try to "hammer one golden grain of sense out of infinite platitude."

It has not been the custom of the Society to draw up resolutions upon the death of one of its members. The absence of a familiar face, of a well-known voice when we know that death has taken it, is always felt deeply and truly but silently. It has seemed, however, but proper to the Society that some especial action should be taken upon the recent death of Dr. Coskery. He was one of the few who helped in its formation, in its almost immediate success, and who came to give us counsel as long as health permitted. The president then, as requested at the last meeting, appoints the following committee on resolutions: Drs. Norris, Latimer and McSherry.

The constitution says that the regular meetings are to be called at 8.30 P. M. Eight members make a quorum, so that the presiding officer will be justified in opening the meeting as promptly as possible. Two hours of earnest discussion and of close attention is sufficient for most medical societies.

Personally I have always been in favor of closing at a stated hour, as is done in all the societies on the continent which I have attended. The habit of it soon becomes so well understood that it is considered extraordinary to try to break it, but I fear the Clinical is hardly ready for such a change, yet, though sometimes there might even now hardly be a quorum left if there was a back door handy when eleven o'clock comes.

Your Executive Committee at the last meeting gave such a full report of the work done by the Society during the past year that it would be mere repetition and failure to try to do the same thing as well again. Having thus had everything which might have been fallen back upon to tickle your fancy and flatter your vanity taken away, I find myself forced upon the dangerous ground of personal reminiscences.

Paris never in the present generation was more beautiful nor joyous. It was full of everything. There was no chosing between the doctor, lawyer, beggar-man, thief. All were there. They were met at every corner.

The first members of the International Dermatological Congress whom I saw were Kaposi, of Vienna, and Schwimmer, of Buda-Pesth, who happened to

*Read before the Clinical Society of Maryland, October, 4th 1889.

go to the same hotel. They both took prominent parts in the discussion, Kaposi especially being the champion, and it must be said a weighty one for the Vienna-Hebra school.

The whole congress was a great success. Representatives from all over the world sat together, meeting on the common ground of knowledge and research, leaving almost altogether out of sight national prejudices. National prejudices will crop out, however, even through the skins of French dermatologists, and it was not to their credit that a murmur of disapproval was heard and that several, say five members, left the hall when Unna began to talk German. He soon, however, fell into French and harmony for the time being was restored between the nations.

The opening of the congress was very impressive. The venerable Ricord, as honorary president, arose on the platform and leaning heavily on the table welcomed us feelingly to Paris and the Hôpital St. Louis. His voice was feeble; he trembled with age and emotion, but we all felt that for once, if he never should appear again, we had seen a great man. On his left breast glistened an enormous order in the shape of a star, which, as the ludicrous cannot help appearing even at funerals, reminded me of the time when, as a small boy, I played "policeman" and strutted around with a large tin star painted red in the middle.

The old gentleman, in a few minutes, was assisted down by his valet and passed out, the type of what has been done in years gone by and an example to the young blood left behind.

Dr. Hardy, the active president, then delivered an address of welcome and explained the object of the congress. Upon some points of the internal arrangement of the congress he seemed not to have made up his mind so as a conclusion he asked the members to express themselves upon them.

I was sitting with Drs. White, of Boston, and Hyde, of Chicago, quietly enjoying the impressiveness of the surroundings, bowing now and then to old friends, like Neumann, Riehl and Finger, of Vienna, Unna, of Hamburg, and several others of different nations, when Dr. Hardy asked his questions.

The effect was magical. Gradually all the French members came to ther feet all talking at once, while the president, two vice-presidents, two secretaries and all the officers on the stand tried to restore order. Little was done for half an hour and might not have been done for a much longer time if time for adjournment had not arrived.

The meetings were held in the Dermatological Museum of the Hôpital St. Louis, which contains the wonderful collection of wax figures which is very well worth seeing alone. A new catalogue of them has just been printed by Dr. Feulard and it has been admirably well done. The collection is as interesting to the surgeon as to the syphilographer or dermatologist and it is earnestly to be hoped that ere long some one of our Baltimore institutions may begin to collect wax models of the rare cases which present themselves. It would be of the greatest interest to have such models especially of the negro race, for there is no doubt of the fact that the general appearanee of the same skin diseases in the two races—white and black—is very different. Like the wonderful collection of human skulls which has made Göttingen so celebrated, Baltimore might gradually make an art gallery of wax models which wonld be to her credit in the whole medical world.

Due notice had been sent to all members of the Congress before it assembled, that certain subjects would be discussed at certain times. The mornings were taken up with such discussions, the afternoon with volunteer papers. The discussion on Dermatitis Herpetiformis (Duhring), was not only interesting but exciting.

Brocq of Paris, began it with a long paper to prove tbat there was such a distinct disease and he was followed finally by Kaposi who made a stirring appeal to prove that there was not. Duhring was absent, being ill somewhere so that his side was left to those who thought they recognized the disease. Kaposi made one great hit which set the

whole assembly to laughing and talking. A test case of a living patient was presented for diagnosis, which, was pronounced by those on Duhring's side, not to be one of Dermatitis Herpetiformis but a clear case of Pemphigus. Kaposi after while arose to congratulate the other side upon coming around to his views as he knew the case in point had been diagnosticated by Duhring himself three weeks before when Duhring happened to be in Paris as one of Derm. Herpt. This rather knocked the wind out of the other side and the discussion was soon closed. None of the Americans entered into the discussions principally because we were hardly familiar enough with the French language. Those Englishmen such as Malcolm Morris and Hutchinson, who only spoke the English language were not listened to and soon gave up speaking at all. It hardly gave one a good opinion of French manners to hear the disapproval of any other language than their own, expressed by loud talking and stirring about of feet and persons.

My short paper was read in French by one of the secretaries it having been translated for the purpose. Dr. Hardy tried to confine it to the conclusions. The secretary began to read, Hardy rushed from the stage talked to me quite excitedly then to another man who was to translate what he said to me, for you would not have thought a word had been understood, so that between the gestures and talking, the secretary got through before we did, and there was an end to it.

The social features of the Congress were well arranged and much enjoyed. The first evening there was a reception given by Dr. Hardy. Cards were issued to it somewhat after the following inscription: "Dr. Hardy and Madame Hardy request the pleasure of your company to meet the members of the Dermatological and Syphilogical Congress." We prudish Americans considered the possibility of getting our wives to receive company with their names upon such an invitation but nevertheless could not help being pleased that French ladies were of a different opinion since they can make themselves even under such circumstances very agreeable, Here we met such men as Fournier, Besmier, Vidal, Hallopeau, Leloir and many men from many parts in social discourse. These Frenchmen are a very fine loooking lot of large intelligent gentlemen who have been working forward quietly until now their school of dermatology and syphilis is one of the formost in the world. It is fast regaining its former reputation for close observance and scientific researches.

Think of how busy the French school of medicine was this summer. While in Paris for ten days, there were no less than six international congresses going on. There was the Therapeutic, the Hygienic, the Gynecological, our own and others bearing directly or indirectly upon medicine. There must have been thousands of foreign physicians attracted thither by its congresses and exposition.

The skin men like the other specialists were entertained publicly in the Hôtel de Ville which was opened from roof to curb and filled with music, flowers and good cheer. Many small dinners were given, the pleasantest and probably the most luxurious being that of the British Ambassador, Lord Lytton. He lives in one of the fine old palaces on the Rue St. Honoré with a large well kept garden in the rear. Twenty-four of us sat down to table which shone with gold and silver plate, lights and flowers, while innumerable lackeys waited on us. There was nothing wanting for mind or body. Lord Lytton the nephew of Bulwer, is Owen Meredith of literature and I could not help recalling those lines of his in Lucille as we arose from the table :

We may live without poetry, music and art;
We may live without conscience and live without heart;
We may live without friends, we may live without books;
But civilized man cannot live without cooks.
He may live without books,—what is knowledge but grieving?
He may live without hope—what is hope but deceiving?

He may live without love—what is passion but pining?
But where is the man that can live without dining?

ECTOPIC GESTATION.*

BY MORDECAI PRICE, M. D.,
OF PHILADELPHIA.

In bringing to the notice of this Society the much discussed subject of Ectopic Gestation, my hope is not so much to advance anything new, as to make plain our duty and manner of procedure in these desperate conditions. Bernutz and Goupil, of France, and Parry of my own country, did much to advance our knowledge on this subject, but it remained for Mr. Hallwright to bring it forcibly to Mr. Tait's notice in one of his patients, in whom he had diagnosed ectopic gestation, and urged operation. "The suggestion staggered me," says Mr. Tait, "and I am ashamed to have to say I did not receive it favorably." A second hemorrhage killed the patient. A post-mortem examination revealed the fact to this great leader in abdominal surgery that Mr. Hallwright was correct in his conclusion, and that the patient could have been saved.

An opportunity was soon offered in Dr. Dolan's case, of Halifax. Dr. Dolan had also diagnosed ectopic gestation, and given as his opinion to the husband that nothing but an operation would save the patient's life. He telegraphed to Mr. Tait, who not only agreed with him, but had the requisite daring to operate, save the patient, and revolutionize the whole treatment of extra-uterine pregnancy. I leave it to you, gentlemen, to whom the greater amount of credit is due—to the practitioner who urged it, or to the illustrious surgeon who performed it.

A pregnancy, as we all know, should be within the uterine cavity, and the only other place is primarily in the tube. That this condition may be possible, the tube must be diseased, its lining membrane removed, its ciliated epithelium no longer urging the product of conception onward to its natural abiding-place nor retarding in the least the spermatozoa from intruding on dangerous and forbidden ground. This condition is brought about, I believe, in fifty per cent. of the cases by gonorrhœa, and the remainder by cold, and septic conditions following childbed and catarrhal affections from other causes.

That the pregnancy in the beginning is always tubal, I think is well proven from the fact that the tube is the only portion outside the uterine cavity offering the conditions favorable for impregnation.

The product of conception thrown into the peritoneal cavity either at the time of impregnation or during the first few weeks of gestation would undoubtedly be digested. We have the best proof of this in the fact that in early ruptures into the peritoneum of only a few weeks, no fœtus can be found; only the blood clot, the diseased tube and membrane remaining. Those cases that have advanced to maturity in the peritoneal cavity have without doubt been those first developed in the tube, and then ruptured in the broad ligament, and when able to resist the digestive fluids of the peritoneum, the secondary rupture has taken place.

We may pass over the other forms of so-called ectopic gestation, for if they ever occur, it is so rarely that they do not deserve our consideration.

Tubal pregnancy would be of but little moment to us, if it were not for the fact that most patients are not aware there is anything wrong. If they suspect pregnancy at all they have no reason to doubt that it is the usual old-fashioned kind, and the first warning, alike to patient and doctor, is rupture of the tube, with symptoms of internal hemorrhage—often so serious that the patient lives but a few hours.

These cases are far more numerous than you would suppose. In our city alone, from all sources, about twenty-five a year; and when you remember that

*Read before the Philadelphia County Medical Society, October 13, 1889.

five years ago the mortality was one hundred per cent., and now at least ninety per cent is saved, we have much to be thankful for to Mr. Tait and his adviser, Mr. Hallwright.

The symptoms of ectopic gestation before rupture are of a vague and uncertain character. Those best qualified to properly interpret them, whose experience in such conditions has been greater than any other investigators, have yet to see one and recognize it before rupture. The only reported cases said to have been recognized and treated before rupture have been in the hands of our electrical friends and enthusiastically dwelt upon, and the man who would treat them with a knife given a back seat and denounced in unmeasured terms for his mutilation of the poor woman when it was so easy to get rid of the product of conception by so easy and safe a plain as the electrical current. But, we find by investigation that in many of these reported cases there was little foundation for the belief that they were pregnant. Some of them have fallen into the hands of other men and been operated on, and no pregnancy existed. And I cannot but think the others could not bear investigation requisite to a proper diagnosis.

The symptoms after rupture are sufficiently plain and urgent to warn any earnest medical man of the patient's condition. They are as plain as any other surgical affection and more imperative than most. In a woman who has been sterile for a length of time, it may be for years, whose period has been delayed for two or three weeks or longer, after slight exertion or lifting some heavy object, there occurs agonizing pelvic pain and collapse, followed by all the symptoms of loss of blood. If the patient reacts, this is followed by recurring pain and collapse, constant uterine hemorrhage, it may be with small loss of blood, discharges loaded with shreds of decidua, leaving the impression in the patient's mind that she had a miscarriage. There is pain and fulness on the side of rupture, with a mass of a boggy fluctuating consistency in the pelvis. No one case being a repetition of any other, there is nothing fixed and unchangeable, save the termination of the disease—death, almost without exception, unless prompt surgical aid is given. I know no better place than just here to call your attention to the terrible mortality of the past. All of Bernutz's cases ended fatally.

Dr. Formad, the Coroner's physician, in a letter to my brother, reports nineteen cases of death from hemorrhage from rupture of tubal pregnancy. All ended fatally in six hours but one. How differently this list compares with that of many operators. All have recovered, save a very small percentage, from the surgical treatment in the hands of these operators.

There are many conditions that may be confounded with extra-uterine pregnancy. In fact, any mass in the pelvis, such as tubal trouble, a small ovarian or dermoid tumor, hæmatocele from traumatism, an abscess of the tube or ovary, gonorrhœal pyosalpinx, all have been mistaken for uterine pregnancy.

Even our electrical friends have mistaken tubal trouble for extra-uterine pregnancy, and wasted many valuable sittings to kill the fœtus, where none existed, and strange to say, they did not cure the diseased tube. How, then, Mr. President, can we ordinary mortals come to a positive diagnosis?

But these mistakes of diagnosis are of small moment, as the conditions which could be mistaken for uterine pregnancy should all be removed by the knife. I have seen the abdomen opened several times when a positive diagnosis had been made, where no pregnancy existed, and a small pus tube or dermoid tumor instead. I am sure the operator was not greatly disconcerted by the conditions found. No one need give himself any anxiety; he should feel sure before operating that whatever the mass is, it must come away.

In most cases of gestation in our own hands, the diagnosis was made before operation. Rupture had taken place in every case. Diagnosis of tubal pregnancy before rupture would simply be a happy guess.

Hæmatoceles, that have given our prede-

cessors so much trouble, I think can be credited in great measure to ectopic gestation, and the remaining small number to traumatism.

We have come to that period where experimental treatment of ectopic gestation is a disgrace to our profession. Electricity, with all its barbarous instruments and murderous delays, will, I hope, ere long, be forever thrown aside as a means of treatment for this condition. Its history certainly does not offer to any thinking mind any proof of its value, while on the contrary its record of death is truly appalling. Puncture, or injections into the sac of morphia or of any substance, with the hope of killing the fœtus is attended with greater risk to the mother than an immediate operation for its removal. I can find no language strong enough to express my condemnation of these experimental methods.

Operation.—Where there is time, the room should be thoroughly cleaned, and and all needless articles of furniture removed. A most efficient cleansing of the body with soap and water and brush is necessary, and the bowels should be thoroughly evacuated. No antiseptic should be used. If possible, a trained nurse should be obtained; one who is accustomed to the work of the operator, able to cleanse and take care of a drainage tube and encourage the patient to bear patiently with the discomforts necessarily following an operation of this kind. Opium must be positively forbidden in all abdominal work;—it interferes with the secretions, sickens the patient, makes her irritable and hard to manage, and conceals the symptoms of danger and otherwise complicates the recovery.

A good light is needed. Every instrument and ligature and suture should be carefully scalded and placed in trays of warm water, handy to the operator and his assistant, so that in case of any emergency there will be no delay, for time is a material factor in these operations. The shorter the operation the less the shock. It should be minimized in every detail: short incision, careful enucleation, perfect tying, most thorough irrigation with warm distilled water. No antiseptic whatever has any place or purpose in this operation. Antiseptics have done bad work for good operators. We see this admission in the journals almost daily—"perhaps the antiseptic was too strong." Chemical antiseptics of any kind in the peritoneum do murderous work, and should be abolished by law, if our surgeons have not sense enough to discard them in this department of surgery. The after treatment in these cases is of great importance. The drainage tube should be cleansed every half hour for the first day or two, until the discharge becomes small in quantity and serous in character, when it should be removed. The contents of the bowel should be kept in a soluble condition; and it should be purged with Epsom salts upon the slightest indication of peritonitis, when the symptoms will disappear like magic. The patient should be kept in bed from three to four weeks in the most favorable cases, and longer if deemed admissable.

Any member of this Society may be called to do this operation without preparation, instruments or nurse, and I have no doubt you would meet all the requirements of the case possible under the circumstances. With a patient bleeding to death, you cannot wait for anything.

Where the surroundings and the condition of the patient will admit, an operator of known skill and courage should be procured.

THE CHEMISTRY OF GASTRIC DIGESTION.*

BY L. WOLFF, M. D.
OF PHILADELPHIA, PA.

Ever since the days of the Iatrochemists, when Boerhave declared that the gastric digestion was analogous to the fermentative process, in which the chemical constituents of the food acted on each other and rendered it soluble, various theories were advanced to account for the digestive process. The se-

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cretion of the gastric mucous membrane was demonstrated by Réaumur, and also its solvent action on food, in which he is supported by Spallanzani, who, with the former, opposed the purely mechanical theory. Both of these investigators (1752) already obtained the gastric secretion from the stomach, and with it proved its digestive action outside of the body. The acidity of the gastric secretion was made known by Spallanzani in 1783, and he claimed for it that it was a solvent for foods both within and outside of the body, and that it preserved food not already decomposed from decomposition at ordinary temperature. Carminati in 1785 showed the difference in reaction of the gastric juice, which was acid during digestion but not so while fasting. The acidity of the gastric secretions was confirmed variously, but held to be due to fermentation of the food rather than to the reaction of the secretedgastric juice. Prout in 1824 proved that the gastric secretion was acid, and that the acid was not organic but hydrochloric acid, which was confirmed by Tiedemann and Gmelin, and by them it was also stated that after ingestion of food it is acid but in the empty stomach neutral. Up to 1830 nothing was known of the secretory apparatus of the stomach. Bischoff then recognized the difference of the glands of the pyloric region from those of the non-pyloric. This was soon confirmed by others, but up to 1834 no positive knowledge of the gastric digestion was had, until Beaumont published his observations in the celebrated case of St. Martin. Bidder and Schmidt soon followed with similar observations, and by the aid of gastric fistulæ in animals confirmed the former. Eberle demonstrated that neither the acid nor the mucoid secretion alone could produce digestive action, and Schwann's investigations resulted in the recognition and separation of the digestive principle "pepsin." Mialhe termed the results of proteid digestion "albuminose," while to Lehmann and Meissner is due the better knowledge we have of the character and formation of the "peptones."

When, in presenting this paper, I have taken the liberty to introduce the subject by a cursory review of the history of our knowledge of the gastric digestion, and with it the recognition of its purely chemical character, my object was to demonstrate how the great advances made in this direction within recent times were made possible only by the manner in which the road had already been paved by earlier investigators.

The gastric secretion which causes the chemical change of proteid bodies into peptone has been closely studied by C. Schmidt, who determined the total chlorine therein, together with all the bases, such as potassium, sodium, calcium, magnesia, ammonium and iron, and after accounting for the saturation of these had a residue of free hydrochloric acid which amounted to about 2.5 to 4 grammes in one litre of the secretion. Although the pure hydrochloric acid has no peptonising action, it alone can make pepsin display such a function, while again neutral pepsin has no digestive power unless coupled with this acid. While it was thus evident that the hydrochloric acid plays an important part in gastric digestion it has an equally valuable property by acting as an antiseptic and germicide over the ingesta when present in a free state. Miguel ascertained that 0.2 to 0.3 grammes of a mineral acid sufficed to preserve 100 c.c. meat broth from sepsis, after Seibert had shown that 0.5 per cent. HCl prevented chopped meat effectually from decay. As had been proven in Hoppe Seyler's laboratory that there existed in the normal secretion 0.3 per cent. HCl, it would readily appear how the normal amount of HCl in the gastric juice will prevent the development of sepsis in the food bolus, while the presence of less than the normal amount will permit some ferment action, and the total absence will result in fermentation with production of organic acids which will not only serve to develop the digestive power of pepsin, but will retard and prevent it.

The question of the production of such a strong mineral acid by the alkaline tissues of the stomach and from the alkaline blood can be only explained by the presence of chlorides in the blood, and the decomposition thereof in the se-

cretory apparatus, with the elective osmosis of the ovoid cells which separate the acid to the interior of the gland while it sends back more alkaline blood to the circulation. It is a fact, well established, that weaker acids may replace stronger ones, and it appears a fair deduction that the alkaline hydrocarbonates of the blood become, under the influence of the secreting cell, natural carbonates, by displacing from the chlorides the chlorine, which unites with the hydrogen so liberated to form hydrochloric acid. As to the intimate function of the secretory apparatus in the production of HCl, little is known, though it seems proven to a certainty by Heidenhain that the ovoid cells of the tubules of the peptic glands secrete the acid, for on the tubules of the pyloric glands no ovoid cells are found, and no HCl is secreted by them, although the secretion of pepsin by them is readily proven by the digestive test with addition of hydrochloric acid.

That normal gastric juice prevents and corrects septic changes of albuminoid food is well established; that the admixture of pepsin to it takes no part therein has also been found to be true by Cohn, (*Zeitschrift für physiologische Chemie*, xiv., 1, July 29, 1889). He also finds that "even small quantities of HCl prevent the formation of acetic acid, and that lactic fermentation is prevented by as much HCl as is necessary to convert into chlorides the phosphates required for the propagation of the bacillus acidi lactici. Further, that pepsin-hydrochloric acid has the same value to prevent fermentation as that without pepsin, and that HCl united with peptones fails to inhibit or prevent fermentation, and, as is well-known, digests albuminoid food." He also confirms Ewald's observations that "HCl is probably secreted at once with the ingestion of food, but is imbibed by and united with the albuminoids, also with the bases or salts it unites with or displaces, and that during this period there is nothing to prevent fermentations." It is a well-known fact that during the early part of the digestive process lactic acid always appears, and the latter sentence explains this sufficiently, and also the reason why lactic acid was so long thought to play an important part in the digestive process.

The importance of the presence of hydrochloric acid in the stomach during digestion is obvious from the above, and the fact that in none of the investigations made so far with abnormal gastric secretions pepsin has been absent, but that the normal quantity of the acid was always found deficient or totally wanting, shows certainly the uselessness of medication with pepsin, and certainly the necessity of a knowledge of the acid secretion, in so far if increased, normal, diminished or absent, both for diagnostic as well as therapeutic purposes. Thus has the study of the acidity and the quantitative presence of HCl become of paramount importance in the consideration of gastric diseases. To this end the *modus operandi* of obtaining the specimen of the secretion is to be considered first. This has to be done at a time when its digestive power is the greatest, and when the presence of the ingesta shall not render the withdrawal impossible. It has been found that at the end of the normal digestive act HCl was alone present, the lactic acid which forms during its early stage having disappeared. This is accomplished by giving an early meal known as "trial breakfast," consisting of a few pieces of bread or bun, altogether about two to three ounces, and a glass of water or cup of tea. A soft-boiled egg has been used by some instead, as it was found that it disappeared in about one hour and a half. As under normal conditions this period may be much protracted, the undigested portions of the egg may readily clog the fenestra of the tube; beside, the now proven union of the albumincids with HCl renders these experiments inaccurate. To take the specimen about four to five hours after a "trial dinner" has no advantages over the former.

The expression of the juice through the tube by epigastric pressure is both a painful and brutal method, and the extraction by asuction apparatus is much to be preferred. Germain Sée uses a Potain aspirator for the purpose, having

made only a partial exhaust, but an ordinary syringe has answered in my hands quite as well, especially as only a few drachms are needed for the chemical examination. The tube employed is an ordinary small size stomach tube with two fenestræ and in the cases of infants I have frequently used a small soft-rubber catheter. When the tube is introduced the fluid is withdrawn by slowly moving out the piston of the syringe. At the junction of the stomach tube and the tube connecting it with the syringe a small piece of glass tubing is introduced by which successful suction and a sufficiency can be recognized. The specimen obtained is next filtered, its appearance marked, and its general reaction ascertained either by litmus paper, or, as will be shown hereafter, by Congo paper. After acidity has thus been found the quantity is determined by acidimetry with a decinormal solution of sodium hydrate, phenolphthalein or preferably litmus being used as indicator. To this end five cubic centimetres of the gastric juice are used, and the total acidity is expressed by multiplying the result with twenty, which then gives the number of cubic centimetres of one-tenth normal soda solution necessary to neutralize one hundred cubic centimetres of gastric juice. The total acidity ascertained, it becomes necessary to ascertain the chemical character of the acid.

To determine if lactic acid is present, the phenol ferric chloride test of Uffelmann is applied. This consists of a two per cent. solution of carbolic acid to which a few drops of a solution of neutral ferric chloride are added, sufficient to give it a steel-blue color. If to the filtered gastric juice some of this test is added, it will be entirely decolorized if hydrochloric acid alone is present; if lactic and hydrochloric acids together, the color will be changed to a yellowish tint, and if lactic acid is in excess a reddish-yellow shade will appear, whereas in the absence of hydrochloric acid it will assume a more greenish tint. This can be considered, however, a test for lactic acid only, and will not serve for the detection of HCl. To detect the presence of the latter, Laborde proposed the use of methyl-violet; a weak, watery solution of this is changed by HCl to a greenish-blue color, but does not respond to lactic nor the fatty acids. Though it answers the purpose well with gastric juice of no great deficiency in HCl, the color-changes with weak acidulous fluids are not always distinct enough to judge of very small amounts of HCl. The manner of testing consists of placing into a small dish or watch crystal resting on a white background a small quantity of the filtered gastric juice and allowing a few drops of the test solution to run down the side of the vessel and commingle with the specimen, when a change from violet to blue will become apparent if HCl is present. Another reagent, even superior in delicacy, is a saturated aqueous solution of tropëolin, No. 4. This is orange-yellow, and if applied in the same manner as described for methyl-violet, will change to a beautiful red or brownish red with HCl, and is only somewhat darkened by lactic acid and very little changed in color by the fatty acids. I have determined its limit to detect HCl in water to be 1 to 3500, while 1 to 500 is the greatest dilution of lactic acid that will affect its color, and a 1 to 100 solution of acetic acid also fails to bring about a change of it.

Another reagent, introduced by Günzburg, uot very long ago, is the phloroglucin-vanillin. It does not indicate organic acids but is a very delicate reagent for HCl. Wiesner found that if a pine stick was dipped into a phloroglucin solution and was then touched with strong HCl it turned a dark-red color. This is due to the presence of vanilla in pine wood, and for that reason the former was substituted for it. The reagent is composed as follows: 2 grammes phloroglucin ($C_6H_3(OH)_3$) and 1 gramme vanillin are dissolved in 30 grammes absolute alcohol. This yellow solution gives at once with a stronger mineral acid a dark-red color with deposition of red crystals. To apply it to weaker acid solutions, such as the gastric juice, the fluid must be evaporated at a temperature below the boiling-point of water until the HCl is left sufficiently

strong to give the reaction. The manner of applying it consists of mixing an equal number of drops (2-3) of the filtered specimen and the reagent on a watch crystal and evaporating the same to dryness. If HCl is present the dry residue assumes a red color, or if the acid is present in minute quantities, it may show distinct red outlines only. This test is no doubt very delicate and valuable, and I have found that it will indicate as little as 1 part HCl in 10,000 parts of water.

The fourth of the more important reagents for hydrochloric acid in the gastric secretions is the Congo paper as proposed by Prof. Riegel. It is by far the most delicate reagent and easy of application. By HCl it is turned to a bright greenish-blue color, but is also affected by lactic acid, which changes it to a darker and dirty blue; acetic acid will darken it with a bluish tinge. With this reagent as obtained from Merck, in Darmstadt, I was able to detect as little as 1 part HCl in 20,000 parts of water; and while 1 part of acetic acid in 3000 parts of water gave a slight change in color with traces of blue, 1 part of lactic acid in 5000 parts of water gave a faint indication, but failed to do so with 1 to 6000. It is seen thus that Congo paper is not only the most delicate agent we have for HCl, but is also a general indicator of acidity, and when it fails to show the latter, total anacidity may fairly be claimed. When acidity has been established by it, the application of the other reagents becomes necessary to ascertain the character of the acids present.

Various other color reagents have been recommended for the purpose of detecting HCl in gastric juice, but with those above enumerated all that is necessary can be established, save the one important point, the quantitative determination of HCl in the gastric secretions. This has been done by chemists in various manners, and very satisfactorily, but neither of the methods so employed are suitable for clinical investigations or simple enough to be used by the clinician who has not more than ordinary skill in chemical manipulations, even were not the time consumed in the chemical analysis a factor which debarred it from clinical application.

Already Bidder and Schmidt determined the amount of free HCl in the gastric secretions by determining the total chlorine therein and the total bases, and from computation of the amount that the latter could take up arrived at the residuary Cl present as HCl. Though perhaps more accurate than any other method, it requires so much time, apparatus and chemical skill to be quite out of the question for the physician's daily use.

The method of Rabuteau as modified by Cahn and v. Mehring is even more laborious. It consists in evaporating a certain quantity of gastric juice to one-fifth, shaking out the lactic acid repeatedly with ether, uniting the residuary HCl with cinchonine and dissolving out the cinchonine hydrochloride with chloroform, from which after evaporation, the HCl is determined by titration.

Another method by Cahn and v. Mehring consists in the distilling of the volatile fatty acids, which are determined by titration. The residuary lactic acid is shaken out with ether and also titrated, and also from the residue thereof the HCl.

The method of Seemann, as originated by Von Hehner, though simpler than the above, is not chemically accurate, but will certainly answer for clinical purposes. It consists in saturating a certain amount of gastric juice with one-tenth normal sodium hydrate solution, noting the quantity of alkali so added. This is evaporated and the residue incinerated, the ashes are redissolved and titrated, with a normal acid solution and the difference between the alkali found and originally used, computed as HCl.

Still further and more accurate methods have been suggested, but none have reached the simplicity of procedure which would make them accessible to the clinician. In a series of experiments which I made to the end of devising a ready method for the quantitative determination of HCl in the gastric secretion I utilized the limits of delicacy of the color tests as de-

scribed heretofore. The materials requisite to this purpose are: a weak aqueous solution of methyl-violet, a 0.3 per cent. solution of HCl, corresponding to the normal gastric juice, and as apparatus a 100 c.c. graduated cylinder, also a 1 c.c. pipette. For the purpose of standardizing the methyl-violet solution, I added 1 c.c. of 0.3 per cent. HCl to the 100 c.c. cylinder and diluted successively with 10 c.c. distilled water; if a portion so diluted gives a reaction with methyl violet it is further diluted and again tested until on testing in this manner no further color reaction is noted which can be readily done by comparing it with a similar amount of distilled water to which a drop of the methyl-violet was added. Thus a dilution of 70 c.c. would be equivalent of the limit to indicate 0.0042 per cent. of HCl, which can be arrived at by dividing 0.3 with 70, the number of the dilutions.

The acid for standardizing should either be titrated and diluted to contain 0.3 absolute HCl, or the acidum hydrochloricum dilutum (U. S.), which contains 10 per cent. HCl, may be diluted with nine parts of water, yielding a 1 per cent. HCl, and this latter then mixed with 2 parts H_2O gives a 0.33 per cent. HCl.

To determine the amount of HCl in gastric juice with this and by this method 1 c.c. of the filtered secretion is placed in the graduated cylinder and diluted repeatedly with 10 c.c. distilled water until there is no more reaction with the standardized methyl-violet solution. The quantity of HCl present may then be readily computed by taking the number of dilutions at which the limit is reached, and multiplying with this the percentage of the limit of the standardized methyl-violet solution originally determined. Thus, if the gastric juice would reach the limit of indication at the fourth dilution, and the original limitation were at 70 c.c. =0.0042 per cent. the percentage of HCl in the gastric juice would be $4 \times 0.0042 = 0.168$ per cent.

Of course, this method cannot claim chemical accuracy, but it gives a very close approximation, as I have determined by a number of control experiments, sufficiently so for clinical purposes, and it certainly is one that almost any physician can make in a very short time and without much apparatus or special chemical manipulative skill.

Society Reports.

BALTIMORE ACADEMY OF MEDICINE.

STATED MEETING, HELD NOV. 5th, 1889.

Dr. G. W. Miltenberger, the president, read a paper entitled

PUERPERAL FEVER; ITS DIRECT, CAUSATIVE FACTORS.

In the discussion which followed *Dr. P. C. Williams* said Dr. Miltenberger's paper was so exhaustive that there was little to be said as to the cause of puerperal fever. The difficulty was to draw the distinction between the pathology and the therapeutics. If the chain-like micrococcus was the cause, then once in the system it was indestructible, and even though we might remove the local cause, such as the placenta, etc., still our therapeusis was hopeless after the disease had once taken possession of the patient. If we accepted the view of septic infection, that the micrococcus was destructible, and if we removed the bloody secretions, etc., then we could stop the disease and this would give us some element of hope. The difficulty was to draw the distinction. Few of us would extract blood to see if the chain-like micrococcus were there. The febrile symptoms developed after a few days. How did this disease originate? If the poison were from without we might wash out the uterus, vagina, etc. If, however, it is from within, then according to this theory that case was entirely hopeless. The examination of the blood did not yield practical results. He had had only three fatal cases of puerperal fever. In one case the patient was getting well and an attack of cholera-morbus set up

peritonitis from which she died on the third day. The second case was an exceedingly frail and delicate woman with relaxed parts. The uterus contained blood clots which he tried to get out by giving ergot. Septicæmia set in and she died after a lingering illness. This was septic inflammation from retained blood clots and due to the ignorance of that time (fifteen or sixteen years ago), when the ideas of septic poisoning were not very clear. The third case was a young married woman who seemed perfectly well up to the time of the labor. The child was large. It was almost impossible to deliver it. He undertook version. The size made it impossible. He then used forceps and sent for assistance, but before it came the woman was delivered and all was well except a pain in the left iliac region. This pain continued to increase in spite of morphia. There was dulness over the left side. She died on the next day from puerperal fever. What was the origin of the case? He had had no scarlet fever, etc., at that time. The woman was apparently well up to the time labor began. The delivery was difficult. One hour afterwards pain began in the peritoneum and was fatal on the third day. To his mind the pathology admitted of no clear explanation except that it was autogenetic.

It was not brought by him, for its course was too sudden and quick. In looking back at these three cases, he would ask how the second case corresponded with our modern pathology. Was this a case of puerperal fever or septicæmia or sapræmia? The second was clearly a case causd by decomposing matter in the uterus. It was difficult to say where these chain micrococci originated. If they came from the doctor, then according to the theory it was a fatal disease. He confessed that he was at sea, and he should await further developments before he could decide. Cleanliness was the thing of chief importance, and his practice had been large enough to have that much experience, for during his professional career he had had but three cases. All observers admit a connection between erysipelas, diphtheria, scarlet fever and septicæmia, for the chain micrococci had been found in all these conditions. If this were so, then it would be unsafe to go from a scarlet fever patient to a surgical case and to a obstetrical case. He had had many cases of scarlet fever and many cases of obstetrics, and yet he had had but three cases of septicæmia.

Dr. James Carey Thomas said he had appreciated the distinction both in his reading and in his practice. He thought the investigation was very important. If this disease could be so carried, then obstetrics would have to be a specialty by itself. He thought it was the possibility that this disease could be carried should be considered, not that it had been done. One woman may escape and another may not, and the risk is great. Cleanliness and disinfection, for they are the same thing, were very important.

Dr. B. B. Browne said that he had listened with a great deal of pleasure to the very able and complete paper of Dr. Miltenberger, the paper had covered the subject so completely that very little could be said in the discussion of it.

In regard to the differential diagnosis of septicæmia and sapræmia, he thought the former was most frequently introduced from without and that when such was the case, the symptoms, pain, high temperature, and tenderness over the abdomen, set in almost immediately after labor and became most intense about the second or third day. Whereas, in sapræmia, in which the inoculation generally was from within, the symptoms did not commence until the third or fourth and sometimes as late as the ninth or tenth day. He thought that the reason infectious diseases did not more frequently give rise to septicæmia was that in many cases the injury to the soft parts of the woman was so slight that inoculation failed to occur.

Dr. W. C. Van Bibber congratulated Dr. Miltenberger on his excellent paper. He never had so many cases as he had in 1845 and 1846. It was then much like an epidemic. In 1845 there were 146 deaths from this cause alone and in 1846, 186 deaths. The cases many of them were in the neighborhood of Mt. Vernon Place. It was just after this in 1847,

that Dr. Oliver Wendell Holmes wrote his celebrated article on Puerperal Fever. He remembered that at one time there were in the ying-in ward of the old almshouse 16 cases and they all died. The room was entirely dismantled and was unused for two yoars. Then it was renewed and used again, and the three first women in confinement died of puerperal fever; and it was again shut up. The treatment at that time was a matter of history and is of interest. The patient was set up and bled until she was unconscious, then she was laid down and bled a second time until she fainted again, and then from 45 to 50 or 60 leeches were put on the abdomen to be followed by warm fomentations. At the autopsy the mucous surfaces were as white as the white-washed wall and large flakes of lymph were found in the abdomen around the intestines.

Dr. Wm. S. Gardner, after expressing his high appreciation of the courtesy extended to him by the invitation to be present and hear the paper by Dr. Miltenberger, said that the views expressed in this paper were undoubtedly the correct ones, and were the views that must be adopted by all practitioners sooner or later. And since they had been promulgated by one so eminent in his profession, he was sure that through this paper much good would be done. He believed thoroughly in the distinction made between sapræmia and septicæmia, and that the distinction could be shown not only theoretically but clinically.

Some of the gentlemen in the discuscussion seemed to think that Dr. Miltenberger admitted an autogenetic form. He did not so understand him. Every one was perfectly familiar with the fact that the placenta, or membranes or blood clots may remain in the uterus almost indefinitely without producing any febrile disturbance, provided that the micro-organisms, which were essential to putrefaction, and which are floating everywhere in the atmosphere, were excluded. Just so soon as they were admitted to these retained structures there began a decomposition of the albuminous compounds and the formation of ptomaines which being absorbed gave rise to the symptoms of sopræmia. Here, clearly, the active causative factors were the micro-organisms which were, and must always be, introduced into the genital canal from without. But these living agents did not penetrate into the tissues. Their work was limited to devitalized material. They were harmless when introduced into the living tissues.

The micro-organisms of septicæmia when introduced into the body went on increasing indefinitely, whether they were in the blood or in the tissues.

Some of the gentlemen thought that the diagnosis between sapræmia and septicæmia could not be made, but he assured them that this differentiation was no very difficult matter. The first symptoms of septicæmia came on as a rule within twenty-four hours after confinement. The first symptoms of sapræmia, as a rule, came on about the third or fourth day. The rise of temperature at first in septicæmia was not great, usually not over 101.5°. The rise of temperature at first in sapræmia was high, often 105°, and in nearly all cases about 103°. The pulse in septicæmia was rapid and weak to an extent entirely out of proportion to the rise of temperature. And if the temperature were reduced by the ordinary antipyretics the pulse rate was not diminished as the temperature fell. In sapræmia the pulse was rapid but seemed to bear more or less constant ratio to the temperature. When the temperature was reduced by any of the ordinary antipyretics the pulse rate decreased.

In septicæmia there was quite early over the uterus, or in its immediate surroundings, more or less tenderness. As the disease progressed the area of this tenderness increased until it included the whole of the abdomen. In sapræmia there was neither pain nor tenderness. In septicæmia the uterus might or might not be enlarged but was always firm. In sapræmia the uterus was large, and flabby. It was so soft that it was very difficult to outline it through the abdominal walls. In both diseases the abdomen became tympanitic, but in septicæmia it was tender to pressure and

painful, while in sapræmia there was no pain and no tenderness. In septicæmia the lochial discharge in most cases did not have an odor of putrefaction. In sapræmia the lochial discharge, in most cases, did have an odor of putrefaction.

It had been implied thet the micro-organisms of septicæmia, scarlet fever, diphtheria and erysipelas were identical.

It was true, that at the present time they could not be distinguished from each other by the microscope. But no one claimed that, because he could not distinguish the micro-organism of diphtheria from those present in scarlet fever that the organisms were identical, or what was the same thing, that the diseases were identical. It was not claimed that scarlet fever and erysipelas were identical, because bacteriologists had as yet failed to distinguish between the micro organisms present in the two diseases. And it was certainly unreasonable to assume that the micro-organisms present in septicæmia were the same as those present in the above-mentioned diseases, and at the same time admit that the miro-organisms present in each of these diseases differed from those of the others.

Dr. A. K. Bond said that he had been impressed, in reading lately upon the relations of scarlatina to child-bed fever, with the marked disagreement of writers upon the subject. One observer will state that infection of a parturient by scarlatina produces the most fatal puerperal fever, with or without the usual scarlatinal symptoms, while another will just as positively declare as the result of extensive personal observation, that scarlatina when carried to a parturient can produce nothing but scarlatina, and that this acquired scarlatina is no more injurious to the woman in labor it would be if the had never been pregnant.

Dr. Bond's experience has led him to a theory which he thinks will throw some light upon the matter, especially as it seems to be in accord with modern scientific discoveries and writings. He believes that in so-called "malignant" cases of scarlatina and diphtheria there is present not only the poison of scarlatina or diphtheria, but also an added poison of some form of septicæmia. Thus, while in mild cases of scarlatina or diphtheria we are dealing with a single poison, in "malignant" cases, even in many "severe" cases, we are dealing with scarlatina or diphtheria *plus* blood-poisoning.

If a practitioner then goes straight from a case of *simple* scarlatina or diphtheria to a case of labor, he may produce simple scarlatina or diphtheria in the woman, but cannot directly produce puerperal sepsis, although the patient may acquire septic infection from some other source during her illness. If, however, he goes straight from a case of *malignant* or *severe* scarlatina or diphtheria, where sepsis is also present, to a case of labor, he may cause in the woman either scarlatina or diphtheria *and* puerperal sepsis, or, if she is proof against scarlatina and diphtheria, puerperal septicæmia alone, and will probably bring the patient to her grave.

This theory, if established, will be of great value to the practitioner. Very few family physicians can escape attending now and then upon labor cases and the diseases above mentioned on the same day. If this theory be true, then he may go from a patient affected with simple scarlatina or diphtheria to a case without danger of causing puerperal septicæmia in the latter, *provided* the former patient is kept perfectly clean. If, however. he has cause to believe that the diphtheria or scarlatina patient has acquired *blood poisoning*, he must sacredly refrain from meddling with any woman near confinement or in child-bed, as he will almost certainly cause in her severe, if not puerperal septicæmia. Of course it is not intended that practitioners should be the less careful in regard to the cleansing of their persons and clothing in going to labor cases.

Drr. G. W. Miltenberger, in conclusion, said that the discussion had wandered a little from the subject. He thought the deduction from his paper was that we could not be too careful in attending obstetric cases. We should always consider the possibility of contagion.

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BALTIMORE, NOVEMBER 16, 1889.

Editorial.

THE HAGERSTOWN MEETING.

The recent meeting of the State Society at Hagerstown, has convinced a large number of representative medical men in the State, that semi-annual meetings will be no longer a failure.

Starting out against many obstacles with the energy of one man alone to encourage and support, the Baltimore members who went to Hagerstown, received a support and sympathy there such as has never been given in former attempts at such meetings.

The Hagerstown profession was united in doing everything for the enjoyment and comfort of the visitors, and not only received them with substantial cordiality but attended faithfully all the meetings and took an active part in the discussions, showing that although for so many years without organization and some of them not having the advantage of a larger city, that they were fully abreast of the times in the literature of medicine and the latest operations of surgery.

Living, as many of them do also in the narrowest part of Maryland and subject to inroads of quacks driven by active laws from States too near the profession of that region is fully in accord with any law that will restrict the practice of medicine to men fitted for it; provided, the execution of such a law be put in the hands of competent and honest men, not politicians.

Through this meeting many good members were added to the State Society men who are real workers and an honor to their profession, and at the next annual meeting in April, the profession of this city will have the pleasure of meeting and entertaining their many friends of Western Maryland.

THE CITY HEALTH OFFICER.

As a result of the recent municipal elections a change in the health office seems inevitable. It is predicted that all must lose their places except the efficient an invaluable secretary. The moral of this is clear. The secretary is evidently the only officer in that department who has endeavored to do his duty faithfully, without respect of party. Now, the health office, above all other public offices, should be in the hands of men who not only are thoroughly versed in sanitary matters, but who do their duty in a manner befitting such a responsible position. No one for a moment would deny that a health officer should be a man whose aim was to

see to the sanitary condition of the city and whose position was obtained by his peculiar fitness. Unfortunately such a Utopia can hardly be expected as long as the spoils system rules all offices. Physicians should take an interest in this part of a city government and by their voice unite on some one man who should do his duty so well, like the faithful secretary, that no party could afford to do without him.

REST AND EXERCISE IN HEART DISEASE.

In the treatment of more than one disease there has always been a conflict between those who advocate rest and those who advocate exercise as a remedial agent. The fact is these differences are more apt to occur on paper where inferences are hastily drawn from a few cases. More than five years ago Oertel published in *Ziemssen's Hand-buch der Allgemeinen Therapie*, his *Therapie der Allgemeinen Kreislaufstörungen* in which he advocated for certain forms of functional heart trouble not rest but active exercise, such as mountain climbing. Before him Stokes, of Dublin, had noticed that heart cases did well in climbing the Alps. In prescribing mountain-climbing the utmost care is necessary, as the distance to be covered should be regulated for each patient. Its object is to strengthen the heart muscle and promote the circulation. As only healthy arteries can stand the strain, such treatment is, of course, contraindicated in atheroma.

Loomis (*Medical News*, November 9, 1889,) has reviewed this subject and given his experience with it. In the early history of physical diagnosis the detection of a heart murmur was always looked upon as a grave event, and even now many clinicians hearing a systolic apex murmur forthwith pronounce the diagnosis "mitral regurgitation" without sufficiently considering the other signs and symptoms. Such cases often do well with exercise and out-door life. In fatty degeneration the heart in a young person can stand a moderate amount of exercise and can undoubtedly be strengthened, but it is in fatty infiltration or fatty overgrowth that the judicious use of exercise does great good. In this case the general diet should be regulated and the general obesity which usually exists should be removed by a depleting diet. Some German physicians in their city practice recommend stair-climbing when mountain-climbing is not feasible It is undoubtedly a fact that cardiac exercise of this kind has proved of benefit to patients in Germany, and there is no reason why it should not be used in the same way in America. Those patients under forty without hypertrophy and with other organs intact, often recover entirely or at least improve greatly while the murmur still continues affording them little or no inconvenience.

Correspondence.

HAGERSTOWN LETTER.

Editor Maryland Medical Journal:

Dear Sir:—When the Baltimore Members of the State Society took the train for Hagerstown that rainy Tuesday morning, with memories of past Semi-Annual meetings, they felt not a little uncertain as to the result of this undertaking, but when the train pulled up at their destination, the scene on the platform left no doubt as to what kind of a welcome the hospitable physicians of Western Maryland could give. Earlier in the day physicians had arrived at Hagerstown from all parts of Washing-

ton County, from Frederick County and several from over the border in Pennsylvania. These all assembled at the station and greeted the Baltimore delegation on its arrival. Then there were shaking of hands, introductions, renewing of old acquaintances and cordial greetings on all sides.

The Baltimore physicians not wishing to impose on the hospitality of Hagerstown, had through the efficiency of Dr. T. A. Ashby, made all arrangements for hotel accommodations, banquet, etc., etc., but from the very moment of arrival the Hagerstown physicians played the host with a most liberal and kind hospitality. As the body marched up Washington street to the Hotel Hamilton, they were suddenly stopped in front of Dr. A. S. Mason's house, and, with scarcely a warning, were ushered at once into that gentleman's parlor and dining-room where they were most hospitably and cordially received by the ladies and gentlemen of the house and were introduced to a most sumptuous and handsome lunch. Here every one became thoroughly acquainted. After this delightful episode the party adjourned to the court house, where the meeting was held.

All physicians present were invited to take part in the discussions, and after a hearty address of welcome by Dr. A. S. Mason, who had already so kindly received us, the morning session began.

The meeting was not only fairly well attended by the physicians of Hagerstown and surroundings, but many laymen and clergymen of note were present at all the sessions and took the most active interest in the proceedings. After the first session the members were again invited to partake of a collation at the house of Dr. T. W. Simmons, who, with his family, received their guests. After the second session the body adjourned to Wednesday morning. Meanwhile, after walking about the picturesque streets, which were attractive even in the rain, all proceeded to the banquet. As no one seemed to know where the tickets was to be obtained, we all marched in to take our seats at a tastefully arranged table and here we were treated to another surprise, for before taking our seats Dr. A. S. Mason said that, although the banquet had been ordered by the visiting members, still he wished all the visitors to know that they were the guests of the profession of Hagerstown. The supper embraced the delicacies of the season, including the famed turkey so justly celebrated in that region. After a number of toasts including two by Col. Hy. Kyd Douglas and Mr. Alexander Neill, members of the Hagerstown bar, the evening was closed.

The next day the session was continued, and ended at 4 o'clock. The greatest interest was evinced throughout and the regret expressed by all was that the meeting could not continue longer, as the entertaining physicians, with their great liberality, desired to take us in charge for another day and show us the beauties of their city and county.

To Drs. A. S. Mason, N. B., and J. McP. Scott, J. W. Humrichouse, T. W. Simmons and C. B. Boyle the success of the entertainment was largely due.

To the success, however, of the whole arrangement, from its first suggestion in April to the present time, too much credit cannot be given to Dr. T. A. Ashby, who corresponded with many physicians and sent more than a thousand programmes throughout the State.

The subject of regulating the practice of medicine in the State met with a hearty response in a part of the county so near three other States, and active steps were taken to amend the present law before the next legislature.

Among the most prominent physicians present were Drs. A. S. Mason, C. B. Boyle, T. W. Simmons, N. B. and J. McP. Scott, E. M. Schindel, Andrew J. Jones, J. B. McKee, O. H. W. Ragan, Wm. Ragan, N. R. Shade, J. L. Steffey, E. A. Wareham, A. B. Mitchell, and C. L. G. Anderson, of Hagerstown; C. D. Baker, Rohrersville, E. Tracy Bishop, Smithsburg; W. M. Nihiser, Keedysville; W. H. Perkins, Hancock; V. M. Reichard, Fair Play; S. K. Wilson, Boonsboro'; John H. Koons, Ringgold; John M. Steck, Chewsville; Albert G. Lovell, Benevola; E. O. Manakee, Union Bridge; H. S. Herman, State

Line, Pa; J. J. Coffman, Scotland, Pa., and John Montgomery, Chambersburg, Pa.

As a summer resort Hagerstown and the surroundings are well fitted. It has good elevation, cool summer and excellent hotels, judging from the Hotel Hamilton. The almost continuous rain and fog was hardly noticed amid such warmth of welcome and hospitality, and all left Hagerstown with the pleasantest feelings for the place and people.

Miscellany.

MEDICAL INSTRUCTION AT THE JOHNS HOPKINS HOSPITAL.

The Johns Hopkins Hospital announces that during the year 1889-90 instruction will be given at the Hospital in Pathology and Bacteriology, Medicine, Surgery, Gynaecology and Hygiene, by lectures, demonstrations, laboratory courses, bed-side teaching and general clinics in the laboratories, wards, dispensary, amphitheatre and private operating rooms. The instrution in Pathology is under the charge of Dr. W. H. Welch, Professor of Pathology in Johns Hopkins University, and of Dr. W. T. Councilman, Associate in Pathology and Associate Professor of Anatomy Johns Hopkins University.

In addition to regular practical courses in the laboratory extending throughout the academic year, special courses of lectures on pathological subjects will be given during the months of January and February, 1890. Professor Welch at this time will lecture once a week upon the Pathology of Diseases of the Heart and Blood Vessels. The subjects of fatty heart, fibrous myocarditis, diseases of the coronary arteries of the heart, thrombosis, embolism, infarction, and endarteritis. will be considered. Professor Councilman will lecture upon Inflammation. The modern doctrines of inflammation, the origin of pus, the behavior of fixed cells in inflammation the relation of bacteria to inflammation, are among the subjects to be considered. The lectures will be illustrated by gross and microscopical specimens.

The instruction in Bacteriology is under the charge of Professor W. H. Welch and of Dr. A. C. Abbott, Assistant in Bacteriology and Hygiene.

MEDICINE.

In this Department of the Hospital, which is under the charge of Dr. Wm. Osler, Physician and Professor of Medicine Johns Hopkins University, are comprised—I. The Wards. II. The general Medical Dispensary. III. The special Dispensaries for Diseases of the Throat, Diseases of Children, and Diseases of the Nervous System. IV. The Clinical Laboratories. Instruction is here provided as follows:

I.—Bed-side and Dispensary Teaching.—A limited number of graduates in medicine will be permitted to make the daily visit with Professor Osler and his assistants. They will receive instruction in the methods of case-taking, in physical diagnosis, and in the study of the action of medicine. In the Dispensary, which is also under the immediate charge of Dr. Osler, the more important cases will be selected for study and demonstration.

II. *Special Courses.*—(*a*) In Laryngology, by Dr. J. N. Mackenzie. (*b*) In Diseases of Children, by Dr. Osler and Dr. Booker. (*c*) In Diseases of the Nervous System and in Electro-Therapeutics, by Dr. Osler and Dr. H. M. Thomas.

III. *Lectures.*—(*a*) Regular weekly Clinics in the Amphitheatre, upon cases or groups of cases illustrating points in diagnosis or treatment. (*b*) A course of twelve lectures on Pulmonary Consumption, to be delivered during January, 1890, in the Amphitheatre. (*c*) A course of three lectures on the Practical Aspects of Cerebral Localization, to be delivered during February, 1890.

IV. *Laboratory Courses.*—The Clinical Laboratory, which is adjacent to the wards, consists of four rooms provided with chemical, microscopical and clinical apparatus. With Dr. Lafleur, Assistant in Medicine, courses will be

given in (*a*) Clinical Microscopy. (*b*) Clinical Urinology. Opportunities will also be given to advanced students to pursue special lines of work in medicine or therapeutics.

SURGERY.

The Department of Surgery in the Hospital is under the charge of Dr. W. S. Halsted, Acting Surgeon to the Hospital and Associate Professor of Surgery Johns Hopkins University. Surgical instruction will be given in the I. Wards. II. Amphitheatre. III. Private Operting Room. IV. Dispensary.

I. *Wards.*—Bed-side teaching in general surgery by Dr. Halsted and Dr. Brockway, Assistant in Surgery, to a selected number of graduates in medicine, from November, 1889, to March, 1890.

II. *Amphitheatre.*—Didactic and Clinical lectures will be given in January and February, 1890. by Dr Halsted, as follows:

A. Didactic Lectures—1. Antiseptic Surgery—its development (two lectures). 2. Antiseptic Surgery of To-day. 3. Antiseptic Surgery—modification of, in special cases.

B. Clinical Lectures.—1. Surgical Tuberculosis. 2. Intestinal Suture. 3. Transfusion.

III. *Private Operating Roon.*—Operations will be made here by Dr. Halsted daily, except Sunday, from 8-11 A. M. The privileges of this room will be extended to a selected number of graduates in medicine, from November, 1889, to March, 1890.

IV. *Dispensary.*—Opportunities will be here afforded to graduates in medicine to do practical work from November, 1889, to March, 1890, in the following: (1) General Surgery, under the supervision of Drs. Halsted and Finney. (2) Genito-Urinary Surgery, under the supervision of Drs. Halstead and Brown. (3) Ophthalmology and Otology, under the supervision of Drs. Theobald and Randolph. (4) Dermatology, under the supervision of Dr. Morison.

GYNAECOLOGY.

The Department of Gynaecology in the Hospital is under the charge of Dr. H. A. Kelly, Gynaecologist and Obstetrician to the Hospital and Associate Professor of Gynaecology Johns Hopkins University. It comprises: I. The Wards. II. The Private Operating Room. III. The Dispensary. Instruction will be given by Dr. Kelly and Dr. H. Robb, Assistant in Gynaecology, according to the following plan:

I. *Practical Work.*—(1) The operations upon cases admitted to the wards for perineal, vaginal, vesical, uterine, tubal and ovarian diseases will be used for purposes of instruction either in the weekly clinics or in the class-room. (2) Instruction will be given in the Wards upon the after-treatment of cases which have been operated upon, their management during the period immediately following the operation, and throughout the period of convalescence. (3) The Dispensary will be used daily to a limited extent for instruction in the diagnosis of pelvic disease, with special reference to bi-manual methods of examination. (4) Private Operating Room. The privileges of this room to see operations by Dr. Kelly will be extended to a limited number of graduates in medicine. Operations will be made daily, except Sunday, at 9 A. M.

II. *Lectures.*—(1) Two lectures on the Technique of Abdominal Surgery will be given in January, 1890. (2) A course of four lectures by Dr. Kelly on the Pathology, Diagnosis and Treatment of Tubal and Ovarian Diseases will be given in January and February, 1890.

HYGIENE.

This Department is under the charge of Dr. John S. Billings, Surgeon U. S. Army, and Lecturer on Hygiene, Johns Hopkins University, assisted by Dr. A. C. Abbott. The course of instruction will consist of didactic lectures by Dr. Billings; and practical work in the Hygienic Laboratory, by Dr. Billings and Dr. Abbott.

I. *Lectures.*—A course of lectures will be given by Dr. Billings during April, to advanced students in Hygiene and Vital Statistics.

II. *Practical Courses.*—They will consist of familiar lectures, and demonstrations and practical work by students. They will comprise physical, chemical, and bacteriological investigations of the air; methods of ventilation and heating; physical, chemical, bacteriological, and general investigations of water; investigations as to the healthfulness of building sites, with reference to vegetation, soil, ground-air, ground-water. ground-temperature, and moisture and organic impurities; the study of ferments and disease-producing micro-organisms; the practical study of methods of sterilization and disinfection ; the study of food, clothing, habitations, etc. The practical courses in the Hygienic Laboratory will extend over three months, and will commence in March, 1890.

PSYCHIATRY.

A course of five didactic lectures for graduates in medicine will be given by Dr. Hurd, Superintendent of the Hospital and Professor of Psychiatry Johns Hopkins University, during January and February, upon the Genesis of Delusions, the Insanities of Childhood, Pubescent, Adolescent, Climacteric, and Senile Insanities, Insanities from Constitutional Disease, and Clinical Groupings of Insanity.

For further Particulars Address,
JOHNS HOPKINS HOSPITAL,
North Broadway,
Baltimore, Md.

Medical Items.

The Hospital Saturday and Sunday Association through their efficient secretary Dr. E. F. Cordell has distributed a large number of boxes for contributions.

A professorship of hygiene and physical culture has been endowed, in the sum of $25,000, at the Pennsylvania College, at Gettysburg, by the parents of the late Dr. Charles H. Graff.

The new chapel at the University of Virginia, in which the late Dr. James L. Cabell took such active interest, will contain a memorial window in his memory. Contributions for that purpose of not more than $3.00 by alumni of that institution may be sent to Dr. Wm. C. Dabney

At the Medical Society of the Woman's Medical College of Baltimore, on Friday Nov. 8th 1889, the following papers were read: Case of Sarcoma of the Choroid with exhibition of specimen, Dr. Hiram Woods; Typhoid-pneumonia Dr. Amanda T. Norris; Cerebro-spinal Meningitis, Dr. Louise Smith Ruptured Tubal Pregnancy, Dr. T. A. Ashby.

The Medical News says:—We learn that under the patronage of the Princess of Wales London is to have still one more hospital, which is, however, to differ very materially from those heretofore founded. Not only are all the patients to be women, but all the physicians, surgeons, and apothecaries connected with the establishment are to be of the softer sex.

Beginning with January 1st. next, the Rev. T. De Witt Talmage D. D., will become one of the editors of the *The Ladies' Home Journal*, of Philadelphia. The famous preacher will have a regular department each month, written by himself with the title "Under My Study Lamp." His first contribution will appear in the January number of the *Journal*. Dr. Talmage's salary is said to be one of the largest ever paid for editorial work.

Mr. Willis G. Tucker, in his report to the New York State Board of Health, on the result of his examination of various popular brands of cigarettes, says that careful analysis of tobacco and paper failed to reveal any poisonous ingredients, other than the tobacco itself, and that most cigarettes contain pure tobacco and good paper. The evils of cigarette smoking are due to the fact that cigarettes are cheap, convenient, and can be used in large and excessive quantities, that the smoke is usually inhaled, and that children and immature persons use them.

Original Articles.

THE ORIGIN AND TREATMENT OF PUS ACCUMULATIONS IN THE FEMALE PELVIS.*

BY THOMAS A. ASHBY, M. D.,

Professor of Gynæcology in Baltimore Medical College, etc.

Pus accumulations in the female pelvis are more frequent than was at one time supposed. They owe their presence to a number of causative influences. Broadly speaking, pus follows in the wake of inflammatory processes, both of local and remote origin, the inflammatory process of local origin being by far the most common. The pelvic cellular tissue is involved either primarily or secondarily, the process in each instance having its special mode of development and each pursuing its own clinical history. The older classification of pelvic inflammations, under the general term of "parametric," was coined to designate an inflammatory process, composite in its character and general in its involvement of the pelvic tissues.

Thus the metrium, the cellular and pelvic peritoneal tissues were supposed to be jointly the seat of inflammatory involvement, and the results were of graver significance than those which followed a pure and simple cellulitis. The points of difference between the different seats of the inflammatory action were determined with great difficulty, and the clinician could not always be sure whether the inflammation was parametric, or simply confined to the uterus, its cellular investment, or to the pelvic peritoneum.

In the acute stage of inflammatory action, the indications for treatment were so similar that differential points were not essential. But as the acute process subsided and its results were made manifest, it became less difficult to say whether resolution had been complete, whether adhesions had formed, and whether a pus accumulation was the resultant. This latter result at once defined the location of the inflammatory process in the pelvic cellular tissue, and the indications for treatment were more pronounced.

The old theory of parametric inflammation traced the extension of the process from the uterus to its peritoneal and cellular environments by direct continuity of tissue along the lymph channels. Thus the inflammation began as a metritis, extended to the cellular tissue, and finally involved the pelvic peritoneum.

Recent clinical and pathological studies have shown the incorrectness of these theories in numerous instances, and we now recognize the fact that pelvic pus accumulations have an entirely different origin in the larger number of cases observed, and a very different clinical and pathological history.

When Noeggerath asserted that latent gonorrhœa in the male established pelvic inflammation in the female through a specific influence, the significance of his observations was not fully appreciated. The progress of clinical study has not only sustained this view, but has extended the idea years before advanced by Bernutz that the one salient feature of pelvic peritonitis is salpingitis. This observer demonstrated by post-mortem investigations, that pelvic peritonitis was most often found in those patients who had died with the clinical history of pelvic cellulitis, the real seat of the inflammatory process having been confined to the pelvic peritoneum, associated with tubal inflammation and tubal pus accumulations.

Of thirteen cases of pelvic peritonitis, in nine, one or both tubes contained pus, in two the contained material was tubercular, and in one the peritonitis was due to cancer of the ovary. The cause of the inflammation he found due, in a large proportion of cases, to gonorrhœa, which had travelled along the uterine mucous membrane until it had reached the tubes, and here it had expended its virulence in provoking pus accumulations.

*Read before the Medical and Chirurgical Faculty of Maryland at its Semi-Annual Meeting, held at Hagerstown, Md., Nov. 12, 13, 1889.

The observations made by Bernutz as far back as 1862, have been strengthened and confirmed by the clinical experience of Tait, Polk, Wylie and others, and the conclusion has been reached that tubal pus accumulations are the chief pathological conditions found in pelvic inflammations. The train of pathological events follows a most natural history, and can be observed in its successive stages until the pus tube is evolved, and even after it has ruptured into the pelvic cellular tissue and made its escape through its selected outlets. Beginning with a traumatism of the uterine mucous or parenchymatous tissues, the inflammation extends along the epithelial route to the tube, or having its origin in septic or gonorrhœal poison, the same route is followed until tubal inflammation is induced. The inflammatory action may end here by resolution, or it may go on to develope more disastrous consequences. In not a few cases the septic process passes into the abdominal cavity, where local or general peritonitis results, fatal or non-fatal in character, according to varying conditions.

In those cases in which tubal pus accumulations are observed, adhesive inflammation closes the tube at its outer and inner orifices, and the pus, finding no convenient outlet, swells the tube, until it reaches varying proportions or ruptures at its point of least resistance.

Outlets for the pus are made into the uterus, into the peritoneal cavity, or into the pelvic cellular tissue, and in accordance with the route chosen, presents a subsequent clinical history.

The progress of the inflammatory action may follow an acute or chronic course, and it is not unusual to find indications for treatment in the acute stage passed over unobserved and calling loudly for remedial measures when a chronic condition has been reached.

These conditions are observed under different forms and presenting widely different histories and characteristics. If the patient survives an acute process, she may apparently recover from the severity of the inflammatory action, yet under these apparently favorable circumstances, the tube may have been damaged, adhesions may have formed, and subsequent outbreaks may occur at any unfavorable moment. The statement has been made upon good authority that in pyosalpinx recovery can only be insured by removal of the tubes (Skene, *Diseases of Women* p. 550.) This statement, of course, has reference to a complete and final result, for it is well-known that women may go around with pus tubes, in fair degree of health, for months and possibly years, though at intervals subject to attacks of pelvic inflammation. In one of the cases which I shall subsequently report, I have reason to believe that the pus tube existed for over four years.

Nothing is so sure as that pyosalpinx may have both an acute and chronic course.

In the clinical study of pus tubes, the question of diagnosis presents numerous difficulties. When the tube assumes a sausage shape and feel, its detection is not so difficult, but when the pus sac has become largely distended and fills the entire pelvis, pressing the uterus, bladder and rectum to the wall, literally as well as figuratively speaking, fluctuation becomes difficult, if not impossible, the walls of the cyst are thickened from inflammatory lymph deposit, and the pelvis appears as hard and resisting as if the uterus and pelvic organs were fixed with plaster of Paris. This condition may be mistaken as readily for an inflammatory induration and adhesions as for a pus sac. Laparotomy here presents the only correct way of establishing the true condition, as it opens up the only successful method of treatment.

The pathological and clinical history of pelvic cellulitis, strictly so-called, differs essentially from that described under the head of pelvic peritonitis, but with which it has been so often associated. In pelvic cellulitis, the inflammatory process is confined to the loose cellular tissue around the uterus, though it may involve the uterine parenchyma and the peritoneal layer. This cellular tissue is found in loose meshes beneath the reflected peritoneum both in front and behind the uterus, at the junction of the

body with the cervix. Inflammatory action is aroused in this region, both by traumatic and septic influences. It follows in the wake of operative procedures upon the cervix, as a result of abortion and child-bearing, where lacerations occur, and by the introduction of specific contagia from the conditions named.

The extension of the inflammation is direct and through the lymph stream and not as in salpingitis, by continuity of an epithelial membrane. The process does not differ from inflammation of the cellular tissue elsewhere. There is first congestion, followed by an effusion of blood serum, and later on exudation of the higher organized constituents of the blood. The process may stop here, resolution taking place with an absorption of the effused material. Finally suppuration may occur, with destruction of the cellular tissue, sloughing and pus. The pus accumulation may fill the loose space between the uterus and its peritoneal folds and extend until it has made an outlet through into the peritoneal cavity or into the vagina, bladder, or rectum. Its favorite route is through the vaginal wall, into the anterior or posterior vaginal fornix. Should the outlet be ample, drainage is complete and the pus cavity closes by favorable resolution. Where this result does not occur, the accumulation may persist and threaten life by septic absorption or by less favored outlets for its drainage. The pelvic tissues may become honeycombed by small abscess cavities, and go on to develope a train of symptoms, both persistent and chronic in character. In the vast majority of cases, pelvic cellulitis is an acute process, which only assumes a chronic type when drainage has been imperfect. It differs in this respect most markedly from tubal pus accumulations, and enables one to differentiate the two diseases by this historic feature.

In the treatment of pus accumulations following a pelvic cellulitis, the indications all point to an early outlet for the fluid. Drainage is the one important method, and this may be secured by aspiration, by free incision through the vagina and in rare cases by opening the abdomen, breaking up the abscess cavities, and free drainage through the wound, or by making a conjoined vaginal outlet.

In those long standing cases where the inflammatory process has covered a large area, where the tissues have been honeycombed with abscess cavities, where cicatricial tissue is extensive, and where pus has made its escape through undesirable routes, such as the bowel, bladder and uterus, laparotomy offers the most practical method of disposing of the inflammatory products. I am clearly of the opinion that the surgeon should attempt to clean out the entire seat of trouble and invite a closure of the excavation by cleanliness and good drainage. He may in this way remove the debris of a slow inflammatory process and secure a positive cure, where invalidism and ultimate death were in course of progress. In my judgment, this latter method for the termination of pelvic cellulitis is infrequent and we will almost invariably find in these cases of supposed chronic abscess following a cellulitis that a pus tube exists in connection with the trouble, either of primary or secondary origin. A laparotomy alone will determine this point, and this is the procedure *par excellence* for this condition.

It may be pertinently asked, what advantages are offered by a laparotomy? I answer, 1st. It presents the only accurate method of determining the location, extent and nature of the pus accumulation. 2nd. It presents the only method for the complete removal of the pus sac and for thorough cleansing and drainage of the region involved. 3rd. It is, comparatively speaking, a safe procedure when properly instituted. 4th It offers the most reasonable hope of a complete cure of the patient.

With these arguments in support of a laparotomy, one might hastily conclude that the abdominal section was clearly demanded in the treatment of every case of pelvic abscess due to salpingitis. I certainly would not assume such a position as this. In my opinion, pus tubes can and do get well without laparotomy. The

pus accumulation in the tube does not differ from a pus accumulation in other localities when adequate and proper drainage is secured for the escape of the pus. Should an opening remain at the uterine orifice of the tube, pus will seek an outlet by this route, or should a favorable route be chosen along the uterine wall and through the vaginal fornix, a similar result would be reached. Drainage is the one important consideration, and it is this factor which determines the gravity of the pus tube or of any pelvic pus accumulation. It is only in the exceptional case that successful drainage is accomplished without surgical intervention, and it is this fact which makes the indications for a laparotomy more conspicuous. That a laparotomy will sooner or later be demanded in the majority of cases of pus tubes, I think our growing experience goes to prove. The question of greatest practical moment, therefore, arises in determining when to attempt to remove the pus tubes and when to leave them alone. Just here professional opinion may arrange itself in two opposing ranks, neither of which is actuated by conservatism and matured reflection. One faction may hastily seize the knife and remove every pus tube which is found; the other faction may undervalue the claims of a laparotomy and allow cases suitable for this procedure to perish without an attempt at a curative measure. Both factions are wrong. The intermediate ground is safely reached if symptoms, clinical history and surroundings are carefully studied and weighed. It is just as sure that we can wait too long before doing a laparotomy, as that we can operate too hastily. In my judgment, these cases require careful study and a conscientious regard for pronounced indications before we jump into them. Unless the inflammatory process is so pronounced and the pus so apparent and its presence so threatening as to demand prompt and decisive action, the surgeon should wait and employ palliative methods of treatment until positive indications arise. These indications are found upon a careful study of the history, symptoms and physical condition of the patient. The history of the case will present an explanation of the origin of the trouble, in traumatic or septic influences; the symptoms will reveal severe pelvic pain, high and fluctuating temperature, loss of appetite, night sweats, emaciation and general adynamia and cachexia; the physical examination will reveal the area of tenderness on pressure, the character of the local swelling, the presence of the distended tube in many cases, and other positive evidences of pus cavities. When these indications are present, the time for a laparotomy has been reached and should be carefully approached without too great delay, otherwise the pus tube may rupture and routes be chosen for drainage which will complicate the removal of the tube at a later day. Success comes in the management of these cases in seizing the opportunity at the right moment and before the pus tube has established such relations to the surrounding tissues as to make its removal both dangerous and most difficult.

The two cases which I shall now relate will explain this point with more accuracy than descriptive language.

Case I.—Annie J., æt. 27, married, was admitted into the Good Samaritan Hospital on July 27, 1889, suffering with intra-pelvic abscess of over four months duration. Her condition at this time was deplorable. She was emaciated to a mere skeleton, was greatly debilitated, with temperature ranging from 101° to 103°, quick and feeble pulse, profuse night sweats, severe pelvic pain, colliquative diarrhœa, cystitis, her stools and urine largely made up of pus. Physical examination revealed a chronic pelvic inflammation and pelvic abscess, which had opened into both rectum and bladder, had burrowed through the abdominal muscles, and was about ready to open through the skin in the median line.

Previous History.—The previous history was involved in obscurity, but the following facts were obtained: She enjoyed excellent health up to the time of marriage, in February last. Shortly after marriage she had a severe vaginitis (gonorrhœal?), which was followed

by pelvic inflammation. The disease had continued until the present condition had been reached.

The diagnosis made was salpingitis, of gonorrhœal origin, resulting in pelvic peritonitis and pelvic abscess.

Treatment.—The condition of this patient was so depressed that I seriously hesitated whether I should allow her to die without operative interference, or do a laparotomy and take the chance of a result. I finally decided to open the abdomen and drain the pelvic cavity. On August 2, she was anæsthetized and a free opening made through the skin into the subcutaneous pus cavity. Pus in large quantities freely discharged through the incision. Introducing the index finger, the pelvic cavity was found honeycombed with pus cavities, walled in by lymph deposits, adhesions and disorganized tissue. Deep down in the pelvis a pus tube was found packed in between the uterus and rectum, distended with pus. It was adherent in every direction, and in attempting to enucleate it its walls gave away and pus was freely discharged into the pelvis. It was removed without much difficulty, though somewhat torn in the attempt.

The rectal opening was in free communication with the abscess cavity, and fecal matter was found in it. The abdomen was thoroughly washed and a drainage tube left in for subsequent cleaning and drainage.

The patient rallied after the operation and on the following morning her temperature had fallen to 99°, her appetite was fair, pain was absent, bowels loose, but general condition favorable.

The pelvic cavity was washed out carefully, two and often four times within twenty-four hours. Some pus, serum and fecal matter came through the drainage tube at each washing. Her temperature never rose above 99°. She took milk freely, suffered no pain, and had no vomiting. The diarrhœa continued until her death, on the 8th day from asthenia.

Remarks.—The condition of this patient prior to the laparotomy gave little or no encouragement for this procedure. It was a forlorn hope which stimulated me to attempt to do something to relieve suffering, alleviate symptoms and save life. Could this patient have been operated on prior to the rupture of the tube into the rectum and bladder, and before she had been reduced by prolonged suffering and emaciation, her life could have been saved. The abdominal section conferred a marked relief to her and she would, in my judgment, have recovered, if she had had greater recuperative power.

Case II.—B. S., æt. 27, married, no children, one abortion and one miscarriage. Abortion took place at the age of 16, at which time she was ill for several weeks. Health fair until the age of 19, and good from this age until 22, when she miscarried, which was followed by pelvic inflammation. Her health has not been good from that time until date of present history. About the middle of August of the present year, she took cold during menstruation, which resulted in a complete suppression, followed by pelvic peritonitis.

When admitted into the Good Samaritan Hospital, on August 27, an examination revealed the following condition: Temperature 103½°, pulse 100, respiration 30. Abdomen very tender, swollen and distended. Uterus firmly packed in pelvis and pushed towards the symphysis by a mass of exudation in Douglas's cul-de-sac. There were no appreciable signs of pus.

Diagnosis.—Pelvic peritonitis, most probably of tubal origin.

The treatment employed was rest, hot vaginal douches, hot poultices over abdomen; in other words, the so-called antiphlogistic and palliative treatment for pelvic inflammation. Under this regime the temperature fell to 100, pain grew less severe and general condition improved.

Upon my first examination I was strongly impressed with the necessity of making an abdominal section, but decided to try the method above indicated until more positive indications for a laparotomy were presented. After three weeks of observation and tentative treatment the opportunity arrived which in my judgment demanded the abdomi-

nal section. Pain, high temperature and evidences of sepsis returned, the general condition grew worse, and I decided to open the abdomen for a clearer diagnosis, for drainage and for removal of the pus tube, if practicable.

On Sept. 23, the patient was anæsthetized and the abdomen opened in the median line. Evidences of general peritonitis were soon encountered. The omentum and intestine were adherent in numerous points to the abdominal peritoneum, to the uterus, bladder and tubal cyst. The omentum was deeply injected, tumefied and covered with flakes of lymph. The small intestine presented a deep purplish hue, and in places was injected and tumefied. At other points it was bound up in loose, friable adhesions. The uterus was pressed up against the bladder, and impacted in the pelvis between the uterus and rectum was an enormously distended pus tube, over 3 inches in its diameters, adherent at every point to neighboring parts. The adhesions were for the most part easily broken from their attachment and the tube was shelled out of its position by repeated efforts. It was ruptured in this effort, and a pint or more of creamy pus was poured out through the abdominal wound. The tube was finally removed, save that portion attached to the uterus, which tore asunder from the tubal wall, leaving an opening at this point in the contour of the tube. The pelvic cavity was thoroughly washed clean after the removal of the tube and loose particles of lymph, omentum and tissue were carefully picked out. The abdominal wound was closed, save at the lower end, in which a glass drainage tube was inserted. The patient was greatly depressed by the operation, but rallied by the next morning. Nausea and vomiting were incessant. She was unable to take food until after the 7th day, and was supported entirely on champagne and Apollinaris and ice water. Milk and beef-tea induced vomiting the moment they were swallowed. The drainage tube was kept washed clean, but nothing but a small quantity of bloody serum escaped from it. It was withdrawn on the 5th day, and a small glass stem substituted for it to keep the abdominal wound open.

Up to the morning of the 6th day, the patient had taken no nourishment except champagne. Her emaciation and weakness were beginning to be alarming. With a view of sustaining her, I ordered an enema of tepid milk. This was injected slowly and carefully, and yet to my horror, on dressing the wound in the afternoon, I found milk with flakes of fecal matter coming through the opening. In plain English, the rectum had given away and a communication established between this viscus and the intra-pelvic cavity from which the pus tube had been removed. With a fecal abscess, the complications of the case were increased and the prognosis took a most gloomy turn. I however washed the wound carefully, kept the patient on liquid diet, and by the third week had the satisfaction of seeing the fecal tract close spontaneously.

The patient made a satisfactory recovery, and was out of her bed by the end of the fifth week. Her temperature after the operation never reached above 100°. It ranged between 98½° and 99⅘°, until her recovery.

Remarks.—The two cases here related teach the importance of an early operation in these conditions.

In Case I, the patient came under my care after the pus had made outlets through the rectum and bladder, and when she had reached such a deplorable condition as to defeat the advantages of better methods of drainage.

In Case II, I came very near waiting too long before doing the laparotomy. Out of deference to conservative methods of treatment, and in view of her general condition and at that time unfavorable surroundings, I deferred the abdominal section longer than in my judgment was prudent. I came very near losing this patient through delay. Whilst we may err in operating too soon, we may more certainly blunder in waiting too long for more pronounced indications.

1125 Madison Avenue.

Difficult examinations make vacancies in the Navy Medical Corps hard to fill.

ANEURISM IN EACH POPLITEAL SPACE. LIGATURE OF EACH FEMORAL. RECOVERY.*

BY J. EDWIN MICHAEL, A. M., M. D.,

Professor of Anatomy and Clinical Surgery, University of Maryland.

S. M., Swede, stevedore, æt. 37, entered the Maryland University Hospital Feb. 5, 1889, with the following history: His general health had always been good, and no syphilis or other constitutional disease could be diagnosticated. Two years ago a small swelling had appeared in the right ham. This swelling had gradually increased in size and he had suffered with much pain in the leg. The pain was of a jerking character, worse at night, and interfered very materially with locomotion; so much so that he had to give up his occupation as stevedore. Four months ago a similar enlargement had appeared on the left ham and had been followed by similar symptoms. Upon examination, the diagnosis of double popliteal aneurism was arrived at without difficulty. Both swellings pulsated, gave a characteristic "bruit" on auscultation and decreased on pressure. Pressure on the femoral artery also caused the cessation of both pulsation and "bruit" in the tumors.

It having been found that flexion of the knee did not control the pulsation, it was determined to treat the case by the use of the antiseptic animal ligature. It was also thought wise not to operate on both arteries at the same time, on account of possible disturbances of the circulation.

On Feb. 10, the part having been prepared by scouring with soap, and the application for some hours of cloths wet with solution of bichloride of mercury (1-1000), the patient was etherized, and the left superficial femoral artery ligated in the apex of Scarpa's triangle. The operation was easy, simple and almost bloodless. Carbolized cat-gut ligature was used, the ends being cut short.

Upon application of the ligature, pulsation ceased in the aneurism. The wound was dressed with sublimate gauze. No reaction followed the operation, and when the first dressing of the wound on Feb. 25th, was removed, healing was found to be complete, the size of the tumor having notably decreased in the meantime.

On March 14th, the same operation was done on the right side, the procedure being in all respects the same except that a small superficial vein was cut, and required clamping. Dressing as before. Wound healed under a single dressing, as before. With decrease of the aneurismal tumors, the patient improved in locomotion, and in a few weeks walked out of the hospital well and happy.

On April 11th, not quite a month after the last operation, the patient walked into the hospital to show himself. The tumors were very much reduced in size, he could walk without difficulty, felt well and looked well.

The report of the case is short and simple, but I think sufficiently interesting to justify presentation. It illustrates the well-known tendency of aneurisms to occur in persons who follow an especially laborious vocation, as well as the tendency to be multiple, and is interesting as bearing on the safety of operations which were formerly considered grave, when they are done under the protection of antisepsis.

937 Madison Avenue.

*Read at the Semi-Annual Meeting of the Medical and Chirurgical State Faculty of Maryland, held at Hagerstown, November 12 and 13, 1889.

Society Reports.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

STATED MEETING, HELD MAY 23, 1889.

The 695th regular meeting of the Society was called to order by the president, Dr. R. W. Mansfield.

Dr. F. C. Bressler related a case of a colored girl, æt. 21, admitted to Bay View Hospital, who had been sick for six weeks. There was a slight elevation in the temperature, general hyperæsthe-

sia, particularly marked along the spine; heart, lungs and urine all normal. No syphilitic history could be elicited, nor any phthisical family history. She was a prostitute, and drank periodically, and her account of herself was rather meagre. Spinal meningitis was thought of, but the patient's mind being clear and the hyperæsthesia and neurotic symptoms so pronounced, that a provisional diagnosis of hysteria was made. The nurse said she had many hysterical symptoms, and that on being spoken to sharply she would control these symptoms.

She died three days after admittance to the hospital. The exact mode of death is not known, as she was discovered dead in the morning.

At the post-mortem, at which Dr. Welch, of Johns Hopkins Hospital, was present, the lungs and heart were found to be normal, while the bronchial glands were enlarged and caseated. Stomach, intestines and spleen were normal. The liver showed one isolated tubercular nodule. In a mass of mucus and bile in the gall-bladder, 189 gall-stones were found. The right ovary was converted into an abscess; there was no salpingitis. The left ovary and uterus were normal. The kidneys showed beginning cirrhotic atrophy.

On opening the calvarium, considerable effusion was noticed, and the meninges more infiltrated with miliary tubercles. Dr. Welch said the primary lesion was evidently in the bronchial glands; and the case was interesting from the fact that the immediate viscera had escaped infection. the heart and lungs being free, whilst the distant organs, the brain, spinal cord and liver, were infected, he, (Dr. Bressler), had never seen a case where the lesions were so extensive, that presented so few symptoms. With 189 gall-stones in the gall-bladder, there were no gall-stone pains. The isolated tubercular nodule in the liver, about one inch in diameter, discovered at the autopsy, had given no evidence during life, of its presence.

In answer to inquiries, he said she had not complained of constipation, and she denied ever having had any syphilitic trouble. The only symptom she complained of was general pain over the whole body.

Dr. J. W. Chambers exhibited a patient, male, æt. 27, who was received in the City Hospital on the 24th of July, 1888, with

A COMPOUND FRACTURE OF TIBIA

of right leg, which was treated in the usual antiseptic manner, and was put up in a Smith's anterior splint. He did not do well, and in about six weeks he was turned over to Dr. Chambers for amputation. He had a number of abscesses about the wound. Instead of amputating, the bones were bared and the soft tissues pulled aside, then about three inches of both bones were sawn out, one on a lower level than the other. The tibia was then wired together with silver wire. The fibula was not wired. Drainage tubes were then introduced wherever indicated by the abscesses. He was put up in a plaster splint and treated antiseptically.

He was a good patient and carried out instructions. He had little or no pain and his symptoms were only those of an ordinary fracture. The shortening of the limb is about equal to the amount of bone sawn away. He made, not a very *rapid*, but a very *good* recovery, and will be able to resume his avocation, that of a sailor, which he could not do with a wooden leg. He (Dr. Chambers), thought it was a good example of plastic operation on bone. He was somewhat anxious as to the outcome of the redundancy of the soft tissues, but they have accommodated themselves to the shortened bone very nicely. The resection was done in Sept., 1888.

A recess was declared for examining the patient, who expressed great gratitude to Dr. Chambers.

Dr. F. C. Bressler said, years ago this leg would have been amputated; the leg as it is certainly is better than a wood enone. This case shows the boldness of the surgery of the present day.

Dr. Chas. B. Ziegler exhibited

A SPECIMEN OF A PEDICULATED MYOMA,

taken from the fundus of the uterus of a patient of his, æt. 41. She had been under treatment for *hæmorrhage* for two years. She came under his care about four months ago, and examination at once revealed the cause of the bleeding. She had *not* been examined by the other physicians who had had charge of the case.

Dr. Wilmer Brinton said this shows the importance of examining patients. He was called to see a patient, æt. 27, who had been under the care of the family doctor for two years. She had not been examined in all that time. Her doctor excused himself for not examining on the plea of having no instruments. He treated her for pelvic pains for sixteen months, until the family threatened to get another physician. Dr. Brinton was then called, and on examination, diagnosed an incurable carcinoma of the cervix and vagina. She was seen by two prominent gynæcologists of this city, who both made the same diagnosis. The patient has a child 4 years of age and another 2½ years, and probably the disease is of two years duration.

He also has another case of lacerated cervix, upon which he expected to operate in a few days, that has been treated for hæmorrhage for three years.

Dr. Geo. H. Rohé said carcinoma at that age is rare. He knew of a case in the practice of another physician where the patient was 26 years of age. The cervix was amputated, in this case, but the patient died from a recurrence in two years. This practice of *not* examining patients is more frequent than most of us suspect who are in the habit of examining our patients. Had Dr. Brinton's patient been examined two years ago, and a correct diagnosis been made, she would no doubt have been saved.

Dr. J. D. Kremien said he once saw a patient who stated that she had been treated for rectal catarrh for several years. He suspected uterine trouble, and insisted on an examination per vaginam, and found carcinoma of the uterus, vagina and rectum. He operated for its removal, but the patient died of recurrent carcinoma in nine months.

Dr David Streett related

A CASE OF POST-PARTUM HÆMORRHAGE.

He had attended the patient in three labors, all of which had been rapid, and about all he had to do was to tie the cord and remove the placenta. In the first labor there was *no* hæmorrhage; in the second, in 1887, he removed the placenta, did not give ergot, had *no* hæmorrhage, and there was a good recovery. On the 20th of May, 1889, the third case occurred. When he arrived, he found the babe born; he removed the placenta, did not give any ergot, and left her in good shape at 4 A. M. At 6 A. M. he was called again; he got there at 7 o'clock, and found they had called in another doctor in the neighborhood, who had given ergot, and the hæmorrhage was controlled.

She had lost considerable blood, the bedding being saturated up to her shoulders. When he arrived her pulse was 110; he remained one hour and gave more ergot, and when about to leave her pulse was 104. He (Dr. Streett), said his almost universal custom is to give ergot just as the head is born or after, for the purpose of preventing post-partum hæmorrhage. He did not give it in this case, on the strength of previous experience. The teaching of obstetricians of to-day is *not* to give ergot, but had he given it in this case, there would not have been any hæmorrhage. He usually leaves his patients in about one hour, and has never had any trouble before.

He said he had related this case to bring out the opinion of the other members on ergot.

Dr. R. W. Mansfield said he always gave ergot.

Dr. Wm. H. Norris said he always gave ergot, not *during*, but *after* labor. The teaching and practice as to ergot has been entirely revolutionized in the last twenty-five years, just as in venesection. Dr. Thomas, at the University of Maryland, taught us to give ergot in all stages of labor. He (Dr. Norris), said he gave ergot during labor to expedite the expulsion of the fœtus, and gave it

after labor to prevent hæmorrhage. He always uses the bandage.

Dr. Wilmer Brinton said he was taught to give ergot in *all stages* of labor. He believed it did harm. Now he does not give it at all, unless there is some special indication for it in the individual case. He has the record of 250 cases of labor where he did *not* give ergot except in 10. He remains with the patient about one hour, and leaves ergot with the nurse, with instructions to use it if indicated. Experiment has proven that where ergot is given, involution of the uterus is not so rapid as where it is not given. It is not used in the London and Vienna hospitals. Those who give ergot are sent for to control after-pains. If he finds the uterus not contracting under his hand, or behaving other than as he thinks it should, then he gives ergot. One of the most alarming cases of post-partum hæmorrhage he had ever seen was in a case where ergot had been given *ad libitum.* He had seen two cases of children born dead from the administration of ergot.

Dr. Chas. B. Ziegler said he had been taught to use ergot and he had carried out his instructions, but for some time past he has *not* used it because he had so many cases of after-pains. In early stages he had never used it, and now thinks it does more harm than good.

Dr. David Streett said he did not think it rational to give ergot in the first or second stages of labor. He had given it when the head was born because he removes the placenta in about ten minutes, and he calculated that the ergot would be absorbed and begin to act by that time. In the case he had reported, he had taken the pillow and bolster from under her head and she had carried out all his instructions. There had been no indication for the administration of ergot, yet in two hours the uterus relaxed and there was hemorrhage. He was sure that if ergot had been given this would not have occurred. In managing a case of labor, he would use instruments in preference to ergot, if the os is dilated and there be inertia. He had never seen but two cases of hour-glass contraction. Had never had any trouble in expressing placenta, and he had encountered only two cases in the last five years, where it became necessary to introduce his hand.

J. Wm. Funck, M. D.,

Recording Secretary.

1710 W. Fayette St.

DOES SALTING MEAT DESTROY BACTERIA?

Professor J. Forster, of Amsterdam has published an account of some investigations made in his laboratory by himself and Heer de Freytag, having for their object the determination of the effect of the common process of salting or pickling meat on various forms of bacteria. It was found that cholera bacilli were soon destroyed under the influence of abundance of salt, usually in a few hours; but that typhoid bacilli, pyogenic staphylococci, the streptococci of erysipelas, and the bacilli of porcine infectious deseases frequently retain their vitality for several weeks, or even months, in spite of the presence of abundance of salt. The same was also true of the bacilli of tubercle. In some cases these bacilli were found alive after being two months in pickle, their vitality being proved by their capacity for infecting new cultures. Portions of the viscera of a tuberculous animal, preserved for a considerable time in salt, were found capable of causing tuberculosis in a healthy animal when introduced into its peritoneal cavity. Experiments on the spleen of an animal which had died of malignant anthrax showed that salt possessed the power of destroying the bacilli of this disease in about eighteen hours. These, as well as cholera bacilli, were found to require 7½ per cent. of salt to destroy them. From these facts it would appear that salting or pickling has but little destructive effect on many of the more common forms of bacilli liable to be found ln diseased meat.—*Brit. Med. Journal.*

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BALTIMORE, NOVEMBER 23, 1889.

Editorial.

THE NEED FOR MEDICAL LEGISLATION IN MARYLAND.

One of the most important discussions raised at the Semi-Annual meeting of the Faculty at Hagerstown was on the subject of medical legislation in Maryland. It was clearly shown by this discussion that the profession in this State should at once take vigorous steps to secure a law from the present Legislature to regulate the practice of medicine in Maryland, or continue to endure the evil effects of professional incompetency and quackery so notoriously prevalent in our midst.

In may properly be claimed that the public is more endangered by this evil than the profession, yet whilst this is no doubt true any steps looking to the correction of the evil must originate in professional circles. The profession is in a position to see the extent of the evil and is in duty bound to call attention to its harmful influence.

The proposition which grew out of the Hagerstown meeting takes a wider view of the subject than has been suggested by the Faculty and places the onus of responsibility upon the profession of the State, where it properly belongs, rather than upon the State Society. It was deemed best that the profession of the State should originate and suggest an act of legislation and not impose this duty upon the State Faculty, which represents only a fractional number of medical men in Maryland. A committee was appointed to issue a call for a convention to be held in this city on the first Thursday in January, 1890, to consider this vital subject and to draw up a suitable law for enactment by the Legislature, soon to assemble in Annapolis. This committee was instructed to proceed by requesting the profession in each of the counties of Maryland to assemble and select one or more delegates to attend this convention. At the same time the Faculty, by resolution, authorized its president to appoint a committee of six to represent its interests in this convention. The convention proposed has the merit of being a representative body in which the entire profession can take part through its delegates, who can express the voice of their respective sections in the measures proposed.

It strikes us that the plan proposed is both practical and judicious, and presents a method of getting at the merit of this subject. We know of no question of greater moment for professional consideration

than the one which has been brought forward. We sincerely trust that it will receive that attention and consideration which its importance justifies. We therefore urge the profession in the various counties in the State to organize at once and to co-operate with the committee on Legislation when its plans have been presented. If the friends of medical reform will for the moment lay aside personal interests and give heed to suggestions which look to the correction of present methods of medical work, we feel assured the convention will be largely attended and its deliberations will be pregnant with results which will ultimately lead to the enactment of a law which will give relief to the public and to the profession in the direction indicated and most sadly needed.

DR. STERNBERG'S ALKALINE TREATMENT OF YELLOW FEVER.

During the past winter Dr. Sternberg was invited by the Baltimore Academy of Medicine to attend one of its meetings and give his experience in regard to yellow fever and its treatment. In the course of his remarks he stated that he had observed that the discharges of yellow fever patients were acid, and had recommended to the southern physicians a course of treatment with alkalies, to which a little bichloride of mercury was added with the hope that it would have some germicide action in the stomach. In the *N. O. M. & S. Journal*, October, 1889, there is a translation from an article in the *Revista de Ciencias Medicas*, in which Dr. Martinez, of Cuba, gives his experience with this treatment of 44 cases of yellow fever. The number of deaths was 7, or 15⅞ per cent. of a mortality not one-half that which had formerly obtained in the hospital. The deaths occurred among 19 patients who had the disease in a very severe form. The patients' stomachs bore the treatment well; when it was instituted the first day, vomiting very rarely occurred. The mixture given is diuretic, and suppression of urine occurred in only one case.

The treatment is based on the belief that yellow fever is a disease having its seat in the intestinal tract. Its purposes is to neutralize the intestinal acids, and to form a medium unfavorable to the growth of the yellow fever germs, which are supposed to flourish best in an acid medium. The plan which Dr. Martinez followed was this. Upon entrance into the hospital the patient, if he had not passed the third day, was required to take a purgative mixture, (generally of calomel and jalap) or, if admitted after the third day, a purgative enema. Shortly afterward the alkaline mixture was given, very cold so that it might suit the stomach better and be more pleasant to the feverish patient. The formula used was:

℞	Sodii Bicarb.	ʒ ii
	Hydrarg Bichlor.	gr. ½
	Aquae	Oii

Three teaspoonfuls were administered every hour, day and night. When defervescence began, a solution of sod. bicarb. (4 to 1,000) was given as an ordinary drtnk, and the former mixture was suspended. Ice was given for nausea. Strict diet was enforced for the first four or six days. After the eighth or tenth day the bicarbonate was stopped, and stimulants and remedies for hæmorrhage, debility, etc., were given.

THE HISTORY OF MEDICINE.

It is astonishing, and at the same time sad, to think how little is known in general of the history of medicine by physicians. The laity is often better informed as to dates of discoveries in medical science or when certain medical men lived than those in the profession. We may have a general idea that Harvey first discovered or demonstrated the circulation of the blood, but few know the contemporary history of Harvey, in whose time he lived and what the condition of medicine in his time was. The history of leprosy and syphilis is another point on which physicians might be better informed. The number of diseases mentioned and described in the Bible is great enough to show how prominent some of their principal signs and symptoms were and how observant the old writers were. The gradual development of specialties is another subject which might be of interest. The whole history of medicine, written in chronological order, in a clear and interesting style, would form a valuable volume, and most probably such a work exists, but as few read such works it would be well for each professor in the various medical schools to introduce a historical fact or allusion in describing a disease, an instrument, an operation, etc. This might do great good in one direction at least. If the students did not remember much of what they heard, it might prevent physicians from palming off old instruments, operations and ideas as their own when they have either unconsciously remembered some isolated historical fact or have no idea such an idea has been already described.

The Hospital Saturday and Sunday Association announces that collections will be taken to-day and to-morrow.

Correspondence.

HAGERSTOWN MEETING OF THE FACULTY.

BALTIMORE, Nov. 19, 1889.

Editor Maryland Medical Journal :

DEAR SIR :—A review of the proceedings of the Semi-Annual Meeting of the Medical and Chirurgical Faculty of Maryland recently held in Hagerstown offers a subject for reflection and consideration. It will be admitted by every one present that this meeting was a decided success. The scientific work, which embraced the reading of nine original papers, on as many different topics, with discussions, was much above the average and exceedingly creditable. The social features of the meeting were most cordial and most pleasant. The profession of Hagerstown not only extended a most hospitable welcome to all visiting members and guests, but was unsparing in their efforts to make the occasion fully worthy of the purpose had in view. The attendance from Baltimore, whilst not as large as was desired, was fairly representative of the various professional interests of the city, and in no sense lacking in zeal and loyalty to the objects of the meeting. The attendance from Western Maryland was exceedingly complimentary and larger than could have been expected, considering the condition of the weather, the inconveniences of travel, and the unusual character of the meeting. From the very beginning of the first day's session to the close of the meeting the attendance was good, the interest and attention were keen, and the best of feeling and earnestness prevailed. It may, therefore, be claimed that the objects had in view by this meeting were fully sustained and carried out. Let us see what these objects were.

First.—The aim of the semi-annual meeting is to foster a better class of scientific work by the profession in this State.

Second.—To popularize the objects and purposes of the Faculty with the members of the profession throughout

the State and thereby make its membership more general and its scope of usefulness broader than a mere local organization.

Third.—To organize the profession in Maryland, and thereby bring into operation larger influences for the promotion of professional interests in this State than now exist.

That the foregoing objects were formulated and stimulated by the recent meeting in Hagerstown can not be doubted by an unprejudiced mind. The Faculty met with such an endorsement by the local profession of Hagerstown and of Western Maryland, that all must now admit that it has taken a new hold upon the profession in this State, which is indicative of its future usefulness and prosperity. The moment it came in contact with the local profession in Western Maryland, its friends at once realized that the great heart of the profession in the counties of the State was responsive and ready to enlist in its ranks. The work thus inaugurated must now go forward. The committee entrusted with this matter asks the profession in Maryland to consider the statements which have been presented and to join in the movement which has been inaugurated, looking to the cultivation and promotion of closer relations and interests than have hitherto existed. Those gentlemen who doubted the practicability and success of this movement are now requested to lay all croaking aside and to join hands with those who believe in the necessity of a thorough organization of the profession in Maryland. A beginning has only been made and much needs to be done, yet it is confidently asserted that this movement can and will grow, if proper encouragement and support are given to it. The committee has the right to demand the support of such members of the profession in Maryland as recognize the importance and value of the work it has undertaken.

There are only two alternatives left in view, either to crush out this movement by apathy and indifference and let the Faculty lapse into its former rut of local prestige and content, or else seize the opportunity now presented and push forward by proper zeal and energy to secure that support and influence as a State organization to which its charter, its honorable record and its plan of organization entitle it. As one who venerates and loves this time-honored body, as one who values its gift of membership and its capacity for a large and commanding influence upon the profession in Maryland, it is earnestly hoped that the latter rule of action will prevail.

Very respectfully yours,

A Zealous Member.

Miscellany.

THE VALUE OF BEEF-TEA AS A NUTRIENT.

This is an age of iconoclasm, not only in the spiritual world, but also in medicine. The man who, a few years ago, would have had the temerity to question the value of beef tea as a food, would have been looked upon as a fit subject for an insane asylum, by a majority of the profession. And indeed it is by no means certain that even yet there does not exist in the minds of not a few medical men, the idea that the ever-popular and ubiquitous beef-tea is the sheet-anchor in those diseases attended by failing strength and imperfect powers of nutrition. To say that the medical profession as a whole is educated up to the point of believing beef-tea to be almost useless as a food, would be, we fear, to take too optimistic a view of the scientific attainments of that profession. While this belief obtains in the minds of some medical men, it is almost universal with the laity, and the good neighbor who makes and carries to the patient a bottle containing the strength of two pounds of beefsteak, is firmly convinced that if the sufferer does not gain strength from that decoction, he will not from anything else, and that whether acting in the capacity of neighbor or nurse, she has done all that can be done in the way of alimentation. How few people but look surprised—and

something more—when the physician tells them that their much-loved and always trusted beef-tea is a delusion, as to its alleged properties as a food. Indeed, that idol is not so easily thrown down, and the physician's *ipse dixit*, notwithstanding, the worshippers will still offer it a willing and not half-hearted service, not infrequently to the detriment of the patient and to the serious interference with the physician's plan of treatment. For if beef-tea be smuggled in to a patient and he is buoyed up by frequent libations to this goddess early in fevers and wasting diseases, he is simply placed in the position of one who uses up his capital before the financial crisis comes, and when the dread day is at hand he has no bullion to meet the run on his bank. The beef-tea has assuredly made him feel better at the time, as indeed whiskey or brandy would have done with less ulterior harm, but has wasted his force by unlocking it and rendering it potential, without adding anything appreciable in quantity, or at all commensurate with the amount needlessly squandered by the exhibition of the *stimulant*, unwisely given in the belief that it is a food or force producer.

Patients and their friends cannot be expected to understand this matter, but it is the duty of every practising physician to make himself acquainted with the true value of this much vaunted and entirely over-estimated remedy, and by a clear understanding of the place it really occupies, to be able to so impress his clientèle, that a new order of things may be introduced in this matter. We must educate our patients in a great many directions, and we believe that in none is there more need for a hearty belief by the people at large, than in the inutility of beef-tea as a *food*.

It would render this article too long to give the chemistry of this compound and to demonstrate the facts stated above, but in our next issue we shall undertake to do so, in order that ourr eaders may have a reason for the faith that is in them, if those who still hold out for beef-tea will be convinced.—*The Canada Lancet.*

TUBERCULOSIS IN SLEEPING-CARS.

The recently acquired knowledge of the tubercle bacillus and the dangerous properties of the dried sputa of tuberculous subjects is causing a gradual revision of the views hitherto obtaining in regard to many of the adjuncts and accessories of our modern civilization. We referred last week to the rehabilitation of the spittoon by the bacillus, and it seems possible that the same microbe may, on the other hand, destroy the character of the much-vaunted American sleeping-car.

At a recent meeting of the Surgeon's Association of one of the great railroad systems, Dr. J. T. Whittaker, of Cincinnati, made some remarks,* by invitation, on "Tuberculosis in Sleeping-Cars," which are calculated to startle the travelling public, but which the physician cannot deny are not without considerable justification in the actual condition to which the travelling public—and in the United States that means the great majority of the well-to-do population—is constantly exposed.

It is startling to have to accept, but it is hard to dissent from, the following statements:

"It would be difficult to conceive of a conjunction of circumstances more directly contributive to disseminate this disease (tuberculosis) than is offered in the palace-car. It is always badly ventilated; the vestibule-car especially is close and hot, sixteen to thirty people being crowded into a space that might make a small hall in a house, but never a bed-room for a pair of human beings. Somebody is always hurt by a draught, so that windows are kept closed to prevent free ventilation, as well as the ejection of sputum, which is mostly deposited on the floors. Cuspidors never contain water, and are mostly used as waste baskets or slop-jars, and the temperature is raised to a degree sufficient to rapidly disseminate infectious matter.

"With the gathering shades of evening the compartments containing the bedding are opened into the car to diffuse through it a disagreeable, musty odor. The traveller is treated to the

*Druggists' Circular, November, 1888.

luxury visibly of clean sheets and pillow-cases, but the blankets, mattresses, carpets, and, worst of all, the curtains, remain the same until worn out.

"Consider now that every car contains or has recently been occupied by a consumptive traveller, if only *en route* for change of climate, and that through ignorance, carelessness, or weakness, there comes to be deposited upon bedding, curtains, etc., tuberculous matter. What becomes of it, if it be not dried and disseminated throughout the car, or gradually incorporated into the lungs of the traveller?"

The traveller on the express trains, Dr. Whittaker suggests, is in the condition of the dogs made to breathe, enclosed in boxes of atomized tuberculous matter, until even they, naturally immune, became infected with the disease. The danger to ocean voyagers is less, in that they are likely to be more in the fresh air which somewhat offsets the closer confinement in the still more restricted cabins and the ordinary greater length of the voyage.

But the public having once enjoyed its comfort cannot be asked to forego the sleeping-car any more than the public can be asked to give up eating beef and drinking milk lest tuberculosis enter the system and take up its abode. What means are there to ward off or mitigate its dangers short of banishing the sleeping-car altogether?

It is suggested, and we wish the suggestion might meet with a practical response, "that the plush, velvet and silk hangings must go. Seats should be covered with smooth leather, that may be washed off; carpets replaced by rugs, to be shaken in the open air at the end of every trip, or better still, abolished for hard wood floors. The curtain abomination must give place to screens of wood or leather; blankets of invalid's beds, be subjected to steam at a high temperature; mattresses be covered with oiled silk or rubber cloth, that may be washed off; and, above all things, invalids be provided with separate compartments, shut off from the rest of the car with the same care taken to shut out the far less offensive or dangerous smoke of tobacco. The cuspidors, half filled with water, should abound (as they now abound) in every car, and consumptive travellers, be provided with sputum cups which may be emptied from the car. For it is not necessary to say here that the sole and only danger lies in the sputum. The destruction of the sputum abolishes the disease. When the patient himself learns that he protects himself in this way as much as others, protects himself from auto-infection, from the infection of sound parts of his own lungs, he will not protest against such measures."

In the mental exhilaration consequent upon existing discoveries in regard to the tubercle bacillus, it is not well that we should permit our still undeveloped knowledge to beget precocious fears and panics. It should not be forgotten that the soil, as well as the seed, is necessary for the crop; that the healthy system knows how to protect itself against even this formidable enemy. But this cry of warning should not go unheeded. How many tuberculous invalids travel to and from the South every winter and spring and how many non-tuberculous, but enfeebled, people along with them. To point out that such are exposed on the fast through trains to especial dangers, dangers which can be diminished and should be minimized—this is not to be an alarmist.—*Boston Medical and Surgical Journal.*

TREATMENT OF ASTHMA.

Within a recent period we have noticed in our exchanges many articles on the treatment of asthma. As to the remedies recommended for this disease there is no end. With no intention of deprecating the value of several old and well-tried remedies, we shall only refer to agents which have recently forced themselves to the foreground. Of these, perhaps citrate of caffeine stands first. The dose is 1 to 5 grains dissolved in warm water. It does not appear to be a very dangerous agent, since, in one instance, a patient took 60 grains by mistake, without fatal consequences. Caffeine is said to afford very prompt relief. Arsenic, in the form of 2 or 3 minims of Fowler's solution, is reported

as making striking cures in appropriate cases. Arsenic has the peculiar property of supporting respiration, as, for example, in making ascents. Its beneficial effect in asthma is no doubt due to this property. Iodide of potassium is sometimes combined with Fowler's solution. A valuable combination in the bronchitic form is iodide of potassium and carbonate of ammonia. Chloral hydrate, either alone or in combination with bromide of potassium, is also followed by excellent results in certain cases. Cocaine in doses of $\frac{1}{6}$ of a grain of the muriate, given in the form of tablets, has been very highly recommended for the relief of the spasm. In the form of stagnant respiration, with congested lips and nose, and cold extremities, strychnia has been found highly useful. The liquor may be given in doses of from 3 to 5 drops, with dilute phosphoric acid. When defluction from the mucous surface is very profuse, belladonna probably answers best. Medium doses should be given every four hours. Grindelia robusta a short time ago was largely used, but failed to come up to expectations, and is now much less used. Quebracho is also a remedy in much repute.

We occasionally meet cases of continued distress, despite the use of ordinary means. In these cases there is usually much bronchial tumefaction and dryness. In cases of this class nothing can equal $\frac{1}{4}$ grain of pilocarpine with $\frac{1}{4}$ grain of morphine, administered hypodermically. The relief is prompt, the tumefaction subsides and is followed by profuse expectoration. As to change of climate, experience shows that the asthmatic should not seek a dry atmosphere. A warm, moist atmosphere is the most suitable. In mild cases a mere change from one locality to another may create immunity from this harassing trouble.

The remedies here mentioned, which are culled from a large number of remedies in use, seem to be the ones most relied on at the present time. It must not be understood that the remedies in this list are to be depended upon in symptomatic asthma, when the condition is merely a symptom of a disease usually of a much graver nature. The bronchial muscles are here in a normal condition, some probably serious organic trouble being the cause of the symptom, and requiring a separate treatment, as indicated by the pathological conditions.—*The Canada Lancet.*

THE MANAGEMENT OF GANGRENOUS HERNIA.

Although all surgeons are agreed upon the neceesity of prompt operative interference in cases of strangulated hernia, the management of gangrenous intestine, when encountered in the operation, is still an undecided question. While some operators are content to establish an artificial anus, relying upon a secondary resection or the procedure of Dupuytren to effect its subsequeet closure, others—and their number is constantly on the increase—advocate an immediate removal of the necrosed portion of the gut.

A late number of the *Deutsche Medicinische Wochenschrift* contains an interesting paper by Dr. Hegemann, in which the author details two cases of gangrenous hernia successfully treated by resection, and makes some remarks on the technique of the procedure. He divides the operation into five steps: 1. Exposure of the gut; 2. Preparation of the gut for operation; 3. Excision; 4. Suture and testing of the sutures; 5. Reposition of the intestine and closure of the abdominal wound. The first step is so well known to surgeons as to require no comment. In carrying out the second it must be borne in mind that it is necessary to obtain the greatest possible asepsis in a condition which presents the greatest possible difficulties in the matter of perfect cleanliness. From the time that the sac is opened the field of operation is bathed in a septic fluid, and still worse are the conditions if the perforation has already occurred. Fortunately the abdominal cavity is shut off by the constricting hernial band, and hence the parts should be rendered as perfectly aseptic as possible before the constriction is relieved.

In excising the gangrenous loop of intestine, Dr. Hegemann recommends

an incision vertical to the axis of the gut, which is best made with straight pointed scissors. The incision in the mesentery should be wedge-shaped if only a small knuckle of gut is to be removed, but transverse if the gangrenous portion is large. Three sets of sutures are employed, serous, sero-muscular and mucous, and especial care should be taken that the sutures be not too wide apart, for it must be remembered that the size of the lumen of the gut is extremely variable, depending upon the amount of meteorism present. Sutures which in a flaccid state of the gut are in close proximity, are widely separated when tympanites sets in.

It is the operator's duty to convince himself thoroughly of the firmness of the sutures before returning the intestine to the abdominal cavity. To accomplish this an opening is left in the gut between the sutures sufficiently large to permit of the introduction of the nozzle of an irrigator. The loop of intestine is then distended with fluid until it reaches the dimensions which it would attain in marked tympanites, and in this manner the ability of the intessine to resist lateral pressure is fully tested. If the sutures are found to hold firmly, the gut is returned to the abdominal cavity and the external wound closed.

The main objection to the author's method is the length of time consumed in the operation which, we think, could be materially abridged by the use of Senn's plates or the modifications which have since been suggested by others. The method of intestinal anastomosis originated by Dr. Brokaw, of St. Louis, a full description of which will be found on another page of this issue, has the merits of simplicity, safety, rapidity and efficiency, and deserves a careful trial by surgeons. The subjects of these operations are usually more or less in a condition of shock, and any measure which enables us to operate more rapidly will increase our chances of saving the life of our patient.—*International Journal of Surgery.*

Nearly one-half of the four hundred and eighty-seven doctors in medicine, of Boston University, are women.

THE PRINCIPLES THAT SHOULD UNDERLIE MEDICAL LEGISLATION.

The Address in Medicine, at the last Yale Commencement, of Dr. H. C. Wood, contains the following: "As plainly to be seen and as fixed as the two great mountain chains which give form and climate to the American continent, are the principles which should underlie medical legislation. These principles are; first, to control the entrance to the profession, so that no man can begin to practice medicine until he is thoroughly acquainted with the fundamental sciences, anatomy, chemistry, pathology, physiology, the natural history of disease, etc., which underlie the art of medicine; second, to allow the man whose education in these sciences has been complete, and who has in consequence received a license to practice medicine, to apply his knowledge to the treatment of disease according to his own best judgment, untrammeled by the law."—*Boston Med. and Surg. Journal.*

THE GRAPHIC ARTS IN MEDICINE.

On Friday, November 1st, a meeting was held in the large theatre of the medical school of St. George's Hospital, with Sir Prescott Hewitt in the chair, to inaugurate a society for the encouragement of the pictorial and allied arts amongst past and present students of the hospital. In opening the meeting, the Chairman expressed his opinion of the extreme value of drawing and painting to the medical man, not only for the actual results produced, but also, if seriously followed, on account of the value of the training. He then related how his pre-medical career had been passed in a French studio, and how the training had developed his accuracy of sight, and of what great importance this had been to him in his surgical work. Referring to photography, he mentioned that its importance was becoming daily more and more recognised, both in clinical and museum work, and reminded his hearers that modern photography owed its recent great progress to the enthusiasm of amateurs. Dr. Dickinson formally moved: "That a society be

formed in connection with St. George's Hospital for the purpose of encouraging sketching, painting, engraving, modelling, carving, photography and the arts of representation in general." One of the ways in which it was proposed to attain this end was to hold a meeting of the society at least once a year, at which members should exhibit any of their productions that could be included under the above headings. The meeting closed, after the election of officers and council, with a very cordial vote of thanks to Sir Prescott Hewett for taking the chair, and the society is fortunate to have secured him as its first President. Past students of St. Georges who may be desirous of joining the society, are requested to send their names to Dr. Penrose, the Honorable Secretary, at the hospital.—*Brit. Med. Jour.*

Medical Items.

The Pharmacists of Maryland held their Aunual Session at the Maryland College of Pharmacy on Wednesday.

Dr. R. H. P. Ellis has moved to his handsome new house and office at 733 West Fayette street.

The last *Johns Hopkins University Circular* shows the names of thirteen physicians in the list of graduate students.

The late M. Ricord has left a number of bequests to medical societies in Paris, the interest of the money to be used for prizes.

The Philadelphia Polyclinic will soon begin its new building. Several changes in the faculty are also announced.

Austria is the only civilized country in the world that prohibits women from entering the medical profession.

The Cartwright Lectures this year will be delivered by Dr. J. S. Billings, of Washington, D. C.; the subject will be "Vital and Medical Statistics."

Lanphear's Medical Index says that Hot Springs, Ark., contains sixty practising physicians. Of these seven are regular, and the rest thieves, or quacks, or both.

Prof. Giuseppe Ruggi, the well-known Italian surgeon completed his 200th case of laparotomy on August 1, and began his third "century" August 5.

San Francisco has a Chinese physician, Li Po Tai, whose professional income is stated to be $6,000 per month. He has been established in that city for thirty years.

The Harveian Lectures will be delivered on November 21, 28, and December 5, by Mr. J. Knowsley Thornton, the subject being "The Surgery of the Kidney."

According to the *New Yorker Medicinische Monatsschrift* a sanitarium in Dresden has advertised for a physician to make the diagnosis of the cases which apply for treatment.

At a meeting of the Maryland Academy of Sciences held last Tuesday evening, Dr. Philip R. Uhler read a paper on "Recent Experience in the Cretaceous and Eocene of Maryland."

It is announced that a new weekly medical journal will appear in Paris on January 1st, 1890, under the direction of Professor Germain Sée, with the collaboration of the whole medical staff of the Hôtel Dieu.

The medical authorities of the Russian Ministry of War have decided to establish ambulatory laboratories in connection with each army corps, in order that a strict investigation may be made into the quality of the food supplied by the commissariat.

It is stated that a nnmber of eminent London physicians have organized a "Hypnotic Society," for the purpose of studying hypnotic phenomena, and securing a law prohibiting public séances of hypnotism, mesmerism, etc.

A Society of Practical Bromatology, which, from its name, we presume will concern itself with the study of food stuffs, has lately been established at Lisbon. The president is Dr. José Thomaz de Sousa Martins.

Five Chinese lepers were shipped home from San Francisco, Oct 29, on a Hong Kong steamer. Among them was a man who was sent to San Francisco from New York, where he had been employed as a cook for laborers on the Croton aqueduct work.

Medical Paris has been interested during the week by the mar iage of Dr. Bertillion, the distinguished head of the Department of Medical Statistics for the Department of the Seine, wlth Mademoiselle Schultz, a lady who passed recently a brilliant examination for the diploma of Doctor of the Paris Faculty of Medicine.

Dr. T. Gaillard Thomas has resigned his clinical chair in the College of Physicians and Surgeons, New York, and will be succeeded by Dr. George M. Tuttle. It is stated that Dr. Thomas will give six didactic lectures a year. A chair of nervous diseases has been established, with Dr. M. Allen Starr as the incumbent.

The leading Homœopathic medical journal says that "As Hahnemann was responsible for the names (homœopathic and allopathic), which have divided the profession into sects, it would be proper for his followers and representatives to withdraw them if there is no occasion for their further perpetuation."

The spread of diphtheria and scarlet fever in Lawrence, Massachusetts, has become so alarming that in all the Catholic churches, October 27 the prisests warned the people not to visit from house to house any more than was necessary, It is stated that no funeral of the victims of these diseases will be allowed from the churches.

The Indiana State Board of Agriculture has advices from many of the northern and northwestern counties, saying that hog cholera is epidemic, and that hundreds of hogs are dying daiiy, and that the disease is steadily increasing. No remedies appear to have any effect. and all attempts to stop the spread of the disease have failed.

The corner-stone of an American hospital at Teheran was recently laid by the Minister of the United States to the Court of the Shah. The proposal to erect the hospital originated with Dr. W. W. Torrence, of Teheran, and funds have been obtained partly by donations raised in America and partly by subscriprions in Persia itself, many distinguished Persians having made generous contributions.

There is renewed trouble in the Woman's Homœopathic Hospital, of Philadelphia. Last year the staff resigned, because they were not allowed to use other than strictly homœopathic remedies in strictly homœopathic doses. Now, it appears that the hospital is suffering from an acute attack of Christian science; and as an indirect but effectual remedy the pure Hahnemannians have had the leading faith curist arrested for practising without being registered. Let the good work go on.

The number of students who have matriculated this winter session in the University of Coimbia, Portugal, is 117. Of these 29 have entered for the first year, 32 for the second, 32 for the third 8 for the fourth, and 16 for the fifth, which is the last of the regular curriculum. The numbers do not strike one as overwhelming, but the *Coimbra Medica*, while congratulating the profe sors on the prospect of well attended classes, hints that the presence of such crowds of students in the dissecting rooms, laboratories and hospital wards will make individual instruction difficult.

Dr. Gideon Lucian Platt, one of the most distinguished physicians of Connecticut, died at Waterbury last week in the seventy-seventh year of his age. He was one of the ablest members of the Platt family of that state, and he was a man of great personal popularity. He was president of the Connecticut Medical Society, and was prominent in the Congregational Church. Dr. Platt leaves a widow, a daughter and three sons, one of whom is Dr. Walter B. Platt, of this city.

Owing to increased demand, several back numbers of the JOURNAL have been exhausted. Subscribers, exchanges and others would confer a great favor on the proprietors by sending

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For good, clean copies ten cents per number will be given if the request be made with the JOURNAL.

Original Articles.

SOME PRACTICAL POINTS ON HERNIA.*

BY ROBERT W. JOHNSON, M. D.,
OF BALTIMORE.

Simplicity marks the termini of science—complication the middle ground, but the simplicity of the beginning differs from the simplicity of the end; the one is the result of ignorance, the latter the product of elimination. The complication of the intervening period is not fortuitous nor unnecessary, but the dictum of the law of development,—the compulsory trying in balances to see what is found wanting.

Surgery as a branch of science has run and is still running this course, but each year brings us nearer the goal, and each knot in advance cancels miles of tacking we had to make. The simplicity of early surgical dressing was akin to that of animals left to their own resources. The use of the saliva, the application of water, the use of earth and grass was, to say the least, better surgery than the application of the manifold, and in most instances, pernicious substances that were vaunted as panaceas as soon as a little knowledge had rendered men dangerous to themselves. The idea of punishing the part at fault by the use of disgusting ointments or pain-giving liniments took possession of men; they attempted to drive out devils and evict entities under the names of diseases.

No chapter in surgery is more replete with complexities than the subject of hernia. From the time it got its false and misguiding name of "rupture," to the near present, it has been the *bête noir* of the medical student and *pons asinorum* of the green room. The descent of the testicle has been studied by teachers and awaited by scholars with anxiety and acrostics as "Some surgeons, in cutting, tremble painfully," have been designed to recall the coverings of this mysterious lesion. Practically, when we come to operate on hernia by taxis or truss, we do not have to recall *all* of Gray; but we substitute the grooved director for our acrostics, and cut as many coverings as come up, without regard to Sharpey and Quain.

I have shown in a former paper, read before this Society, some of the absurd methods and disastrous line of treatment followed out by the tramp herniotomists of the middle ages. Most of you are familiar with the impression left by attempts to learn the radical cure of hernia of a decade ago—well have they been dubbed "Indian Puzzle" operations for more complicated passages of needles and thread, and in most cases, impotent attempts to block up the inguinal rings, could hardly be devised, and in spite of all the detail enrolled many failures. But antiseptic surgery has lit up this corner of abdominal wall as well as the linea alba, and subcutaneous possibilities are now visible accomplished facts.

The anatomy of hernia is the anatomy of the part on the one hand, a projection of peritoneum enclosing omentum or gut, or both, on the other, and a variable element sometimes accompanying the sac in its escape, whose presence or absence, while satisfactory for diagnosis, has little effect on the practical question of treatment, now that we stand in so little awe of peritonitis. I do not mean by this to undervalue anatomical knowledge, which is always an acquisition and a positive necessity in intelligent treatment of hernia, but to emphasize the fact that a patient should not die of strangulated hernia because his attendant may feel that he is not able to point out the coverings as he goes, provided he can recognize the sac when he reaches it.

In regard to diagnosis, the books lay down practical rules, which I shall not rehearse, and some by placing hernial symptoms side by side with conditions which simulate it, bring out the contrast very sharply. There is one condition that occasions perplexity, and that is hydrocele in the negro, when the light test is defeated by the dark pigment of the scrotum. The aspirator or hypodermic needle throws light on the ques-

*Read at the Semi Annual Meeting of the Medical and Chirurgical Faculty of Maryland, at Hagerstown, Md., Nov. 12 and 13, 1889.

tion and can be used without detriment in either case. Indeed, the withdrawal of the fluid from the sac sometimes lessens it so that it can be reduced without herniotomy and is better outside than in at any rate.

At one time I was in hope that from the sac fluid I might be able to demonstrate a positive indication of its contents whether containing gut or omentum, by simple chemical means only, but unless there has been extravasation of feces, we can not make the distinction with certainty. Bacteriological studies of the transuded fluid conducted by Garré disprove the claims of Nepveau that bacteria were constantly found, without fecal extravasation (*Fortschritte der Medicin*, B. 10, pp. 486-490.)

There are numerous and confusing divisions of hernia, based on the character of the sac; practically we can consider two the most important: The acquired, when the peritoneal sac is pushed forward by the errant gut, and the congenital, when the gut enters a preformed sac made by the non-closure of the tubular vaginal process of the peritoneum after the descent of the testicle. The nomenclature based on location is simple, and should be used in the description of a hernia, which, for instance, is only begun to be described by stating that it is inguinal or femoral; thus it may be clearly brought to the mind of the reader by stating it, for example, as an acquired irreducible indirect scrotal entero-epiplocele. Moreover, it is well to remember in suspicious cases that every aperture of the abdomen can have a hernial protrusion, and each abdominal organ has been found in it. It may exist when the customary sites are entirely free, or, as in Littre's hernia, only a portion of the circumference of the gut be nipped by constriction. It is generally stated that the smaller the hernia the more dangerous,—this is not strictly true, for we may have a large hernia gradually passing through a small opening, but the smaller the aperture through which a hernia passes, the more danger of strangulation, is axiomatic.

The sac may be absent when the hernia forms at the seat of a wound, and the same holds true when the cæcum or colon protrudes through the inguinal canal (Bryant's *Surgery*, p. 527.)

It is not my purpose to go into the descriptions and methods that are so well stated in text-books or to bore you with a repitition in worse language of the ground that is so thoroughly gone over there. I want to call your attention to facts that I have not usually found mentioned, not claiming them, however, as original with myself, so if you miss the cardinal points of treatment in the paper do not lay these omissions to my ignorance but rather to my certainty that you know them as well, if not better, than I do.

After diagnosing hernia the first thing we do is to try to reduce it. One practical point here. You will often find that a patient who has been in the habit of reducing his rupture will know more of its peculiarities than the surgeon who applies taxis on well marked anatomical grounds. It is safe to let the owner have a first chance at his own hernia when there is not much danger of strangulation or weakening of the walls of the intestine. A case was reported not long ago where a patient was about to be operated on and while on the table asked for this privilege, which was granted. He got his hernia between his thighs, and by crossing them exerted pressure sufficient and in the proper direction to reduce it. This is an extreme case, but one may get a hint of value from observing the patient's methods. Taxis is usually thought so innocent that it is indulged in by the ordinary practitioner immoderately. It is, in fact, a two-edged sword; the moment it ceases to be beneficial it becomes malignant. Hard and fast rules cannot be set for its use. Five, ten, or fifteen minutes have been alloted as the proper time. Each case is a law unto itself, and you might as well set out to pour medicine down a patient's throat five, ten, or fifteen minutes as to regulate your taxis by the hands of the clock. I have seen cases of hernia where taxis was not to be thought of. I have had others where protracted taxis has been beneficial. One thing is certain, however,

and that is medical men employ taxis too long in the main. It furthermore wastes valuable time to run the gamut of remedies suggested by text-books until you reach kelotomy. Ice, tobacco injection, etc., are all inferior to an anæsthetic, so that if your simple taxis fails without adjuncts give ether or chloroform and use taxis again; do not go through a long list of remedies seriatim, following each by taxis. It is not necessary, because you have given a patient ether or chloroform to proceed with kelotomy immediately should taxis fail. If for any reason you think his hernia is irreducible and not strangulated, the anæsthetic is like any other innocent remedy and can be repeated if you want to operate later. In other words, use it early, as it is the most satisfactory and do not feel a moral obligation to cut unless there is a further indication than the readiness of the patient on the table.

Chloroform has the advantage of producing less vomiting after its use. Strangulated hernia *per se* at the outset is not now a very dangerous condition. It is made one of the most fatal by the temporizing effect at reduction by men who are not surgeons, and treat on the expectant plan. Conservatism is a great merit, but delay is not conservative in these cases. If I had to place a bound beyond which delay may be said to be criminal, I would say that the appearance of stercoraceous vomiting is the latest signal for kelotomy, but many cases should not be compelled to wait that long for relief, because aseptic surgery has offered salvation without a fraction of the risk run by waiting. Are not exploratory incisions made every day into the peritoneum for chronic slow-growing tumors? Why then need we hesitate to make them in these cases when the patient's life is at the mercy of an hour's temporizing? In the application of trusses as much care should be taken as in fitting a shoe to a deformity. A misfitting truss is almost worse than none from its false security. Their application should not be left to any ignorant, or perhaps avaricious instrument maker, who has a stock on hand he has found difficulty in disposing of. If you send your patient to the shop see that he returns and lets you examine his purchase and its qualities if you have not time to go with him to be fitted. In some of the great charities for the ruptured they make casts of the patient's body in difficult cases and apply a truss to fit it.

In restraining inguinal hernia of children, especially of babies, when there is difficulty in keeping the stiff instruments in position, I have found great convenience in applying a skein of worsted about the groin in the following manner: Tie a knot in one end of the skein. Apply the knotted end over the hernial opening; bring the other end round the back over the opposite flank; draw it through the loop made by the knot; pass it over the perineum and attach it to the skein above the sacrum. The worsted is not expensive; it is easily washed; elastic, soft, adapts itself well to the parts and produces no abrasion, as is likely in the thin skins of babies. The herniæ of children have a natural tendency to recover, which I do not believe is affected in any marked degree by the pressure of the pad, except as far as it restrains the protrusion. At least you will find the worsted convenient until a truss can be fitted. A late publication (*Philadelphia Medical News*, October 5, 1889, p. 375,) recommends for umbilical hernia in children the use of "a hard rubber, slightly oval, plano-convex lens, with a greater diameter of 3 cm. and thickness of 6 or 7 mm. On the plain surface are two small wire loops facing each other at a distance of 2 cm. This is attached to the centre of an adhesive plaster strap 2 cm. wide and long enough to embrace three-fourths of the child's body by thrusting the wire loop through the plaster and a small safety pin through the loop. No plaster other than a reliable emplastrum resin. of the pharmacopœia should be used. This may remain three weeks at a time." Picture nail-heads are serviceable and handy. The prophylactics against hernia in the infant are the well adapted compress over the umbilicus, the avoidance of constipation with its consequent straining and an earnest endeavor

on the part of the nurse to appease those terrific fits of crying, which for no better reason are put down to the child being mad. In fact, the above rules apply, with modification, to adults, for though most cases of hernia begin on some sudden exertion, a man or woman who feels that there is a weak point in the inguinal or umbilical region should fortify it by a truss before the actual escape of the gut. Some authors speak of the truss as an intolerable encumbrance. Such has not been my experience when they are well fitted. Patients become used to them and find they gird up the loins like a belt.

Therefore it seems to me highly practical and conservative to say to all patients who do not find a truss irksome and whose herniæ are retained comfortably enough by it to let well enough alone, and not to run even the slight risk of operation, which they can postpone until their hernia gives them trouble, unless, like sailors, they may be out of the reach of surgeons and instrument makers for weeks at a time.

There are cases where no truss will retain the gut comfortably and these are cases suitable for the operation for permanent cure.

I heard Mr. Durham, of Guy's Hospital, once say: "When you hear a man say that he treats all his cases of stricture in such a way, and all his cases of stone in the bladder in such a way, then you may be sure that that man has either had a very small experience, or else that he is a great fool." He might have added the single way operator on hernia to the same list. There is now, however, so marked an agreement among herniotomists that the subcutaneous methods, except, perhaps, Heaton's, are unworthy to be compared with the open operations, that I do not think we can go far wrong when we relegate these complicated proceedings to the ancient history of hernia, together with castration and the suture royale, the more so as they were seldom practically useful, post-mortems showing that the invaginated tissue pulled from the outside and pushed from within does not restrain the gut.

On account of the tendency of hernia in children to get well without operation there should be some very positive indication before we do the radical cure on them; an equally imperative demand exists to complete all operations for strangulated hernia with the one for permanent cure, provided the condition of the patient admits of the further proceeding.

I have spoken of the comparative freedom from danger in these operations, but I must amend that statement by adding, under the aseptic plan. Without aseptic precautions the dangers are as great as ever; with half aseptic methods the dangers are probably greater than before, but with a conscientious carrying out of every detail of cleanliness —not apparent nor chemical cleanliness, but surgical cleanliness—the danger is reduced to a minimum, as shown by the result of operations like McBirney's or Macewen's.. Under these conditions we have the further advantage of opening the sac and seeing the contents and the state of preservation the strangulated parts are in. Formerly it was the wise operator who, unless certain that the gut and omentum were gangrenous, returned the sac unopened. If in doubt, even the slightest, now, we open the sac and see for ourselves the state of its contents. This advance removes another source of danger; the reduction of the sac with contents constricted by its neck, or as it is called, *en bloc*; that is impossible in an open sac, as in it we reduce the contents before the sac leaves our view.

Should we find the gut and omentum gangrenous and unfit to return after ligating with catgut, in several places, bearing in mind the tendency of bleeding arteries in the abdomen to continue to bleed no matter how small, unless ligated, we cut off the distl end; the gangrenous gut should be opened and after bringing down healthy intestine enough suture it to the sides of the wound. In ordinary cases suturing the intestines at the time of the operation protracts the patient's shock at a time when he can least bear it. That had better be reserved as a subsequent operation, unless his condition is good. In operating we should follow the injunction laid

down in trephining the skulland equally applicable here; consider that the parts to be cut are the thinnest possible, and on no account plunge your knife at random in tissues that may barely conceal bowel. The clinching precaution after operation for permanent cure is to keep the patient in bed for some time after operating, in order that the transposed tissues may become part and parcel of the region to which they are attached before any strain shall be put upon them, and follow this up with the application of a truss if there is the least indication of bulging at the old opening. For more minute details I refer you to text-books excusing the old story element in the paper, on the ground that hernia has been a target for all surgeons, and it is difficult to find novelty in a subject so thoroughly discussed.

RACHITIS, CONSIDERED IN REGARD TO SOME OF ITS SPECIAL SYMPTOMS.*

BY WILLIAM LEE, M. D.

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At the meeting of the American Medical Association, at Richmond, in 1882, I read a short paper on rickets, and made the assertion that there was a greater prevalence of this disease in the United States than the meagre literature on the subject would have us to suppose. With the exception of the late John S. Parry, of Philadelphia, and Dr. Jacobi, of New York, all who had treated on the subject had done so very unsatisfactorily.

I am glad to say much has been done since to infuse further interest, and of the many valuable articles on rickets that of Drs. Barlow and Bury (to be found in the *Cyclopædia of Diseases of Children*, compiled by Dr. John S. Keating), shows the most careful study and research. One of the most important of the many reasons why this disease should be carefully considered is that, after infantile paralysis, no disease contributes more frequently to the production of spinal curvatures and other orthopædic troubles.

Rickets is peculiarly a disease of infancy and childhood, affecting the entire body, and most often seen in those children having hereditary tendency to other diseases. Its early manifestations are, as a rule, overlooked, being usually attributed to more trivial constitutional derangements. It has as characteristic a general impairment of nutrition, which is followed by a special form of debility and peculiar bone lesions.

Etiology.—Rickets is caused by improper alimentation, by which is meant other food than mother's milk or properly prepared cow's milk, during the first months of infancy; irregular or too frequent nursing, or when the child is nursed naturally, the mother is debilitated, improperly nourished, or overworked, thus rendering her milk unfit for the offspring. Again, forcing upon the child at too early an age food which it cannot digest, such as meat, bread-pap, or other farinaceous preparations; or erring on the other side, by unduly prolonged lactation. All of these assist in setting up gastro-intestinal derangements and subsequent malnutrition, which is the ground-work of the disease under discussion. Then too, early marriages, intermarriages, or any excesses of the parents, may further rickets in the child. This disease is found most frequently among the poor, living in crowded tenement houses, or narrow, dirty courts where the ventilation is bad and the air impure.

After carefully reviewing the various theories as to how rickets is produced, we find strong evidence pointing to that of acid fermentation, its excessive formation in the stomach being assigned as the mode by which the phenomena of the disease is produced. It has been supposed that a superabundance of acid thus finding its way into the blood, facilitates the removal of the earthy salts from the bones, and it is fully proven that in rickets as in most other constitutional disease an over amount of free acid is constantly generated in the primæ viæ. The particular acid is the

*Read before the Medical and Chirurgical State Faculty, of Maryland, at its Semi-Annual Session, held at Hagerstown, Md., Nov. 12 and 13, 1889.

subject of various statements. Oxalic acid (Beneke, Inre, Schmidt), phosphoric acid (Weatherhead), and lactic acid, by Heitzmann, have each in their turn been decided the special agent in bringing about the characteristic lesions of rickets. Of these, I think that offered by Heitzmann most plausible. He asserts that lactic acid exercises an irritating influence upon the osteoplastic tissue, and that it is this influence, combined with a deficiency of lime salts, which produces the disease.

There is little doubt that lactic acid is abundantly generated in the deranged digestive organs of rickety children, for this acid has been detected in the urine, and it dissolves and helps to eliminate the calcareous matter deposited in the bone.

Much has been said to show that rickets is the outcome of scrofula and syphilis; but as yet we have no positive data upon the subject, other than that the disease is intensified where there is evidence of such hereditary diathesis.

Syphilis may of itself, however, produce symptoms which simulate those of rickets, but the two diseases are separate and distinct. Syphilis runs a more definite course and is most often seen in the first offspring of syphilitic parents, notwithstanding the influence of anti-syphilitic remedies. It is never initiated during convalescence from acute attacks; such as of the exanthemata or broncho-pneumonia. On the other hand, rickets is constantly met with where most vigilant inquiries and examinations fail to discover any history of a venereal taint. Its symptoms are more general, and there is a peculiar tendency to nervous disorders of functional character; it more frequently shows itself in the later children than the first-born, and it is frequently ushered in after an attack of broncho-pneumonia or one of the exanthemata.

Symptoms.—Indigestion, chronic dyspepsia, pasty looking stools, diarrhœa alternated with constipation, sleeplessness, general tendency to sweating, day and night, especially of the head; fretfulness upon the least exertion, progressive emaciation, catching cold upon the slightest exposure, tendency to pulmonary catarrh, delayed dentition, such teeth as have appeared decay easily, quickly blacken and easily break off. Lymphatic glands and spleen altered and swollen, general uneasiness, great irritability of temper, with disposition to be left unmolested, crying and fretting from pain when moved or carried in the arms of the nurse. The anterior fontanelle, which is generally completely ossified by the twelfth month, remains open, in rachitic cases, until about the third year; the sutures are also somewhat open, with their edge soft and yielding; also in many instances, both posterior fontanelles are quite membranous. From sleeping constantly on the back and rubbing its head against the pillow, the hair becomes decidedly thin at the back of the child's head. Across the forehead a well marked glazed line may be noticed, caused by the child sitting, during the day, with its hands supporting its head or resting it against the side of a chair when left alone. It assumes this position to relieve the chest of the weight of the head and at the same time assist chest expansion.

Alterations of the Bones, etc.—Unless the case be a mild one, when the only evidence is slight enlargement of the ankles and wrists, the most frequent alteration is that which is known as cranio-tabes. This unique symptom, the earliest and most constant feature in rachitis requires some care and diligent search to be found; but by pursuing the plan adopted by Elsasser and Jacobi the difficulty will be overcome. Place yourself immediately before the child, put the heel of your hand upon either temple, carefully examine the upper portion of the occiput and posterior portion of the parietal bones with the fingers perpendicular to their surface. As this process is accomplished we find the occiput and parietes will feel soft on pressure of the fingers and spots of thinning detected over the bones. They are supposed to be caused by absorption of the imperfect ossified bone from its pressure between the pillow and brain as the child lies upon his cot. They are detectable as early as the fourth month and as late

as the twelfth, and about the size of a grain of corn. When the head is decidedly affected it becomes elongated and flattened, the occiput projects and the frontal bosse is prominent; the face is small looking and by contrast the head appears very large. We have further as an early symptom thickening of the clavicle with its ends enlarged.

Enlargement of the Joints.—If the general ill health is protracted we find very important changes noticeable in the bones of the upper and lower limbs. The epiphyses of the radius and ulna, especially the former, present a more or less striking thickening and broadening, so that in severe cases, especially in emaciated children, the hand appears as if separated from the arm by a groove, so with the tibia, the epiphysis of which, like that of the fibula, will be very much thickened. Following next in order is the characteristic bowing, bending and twisting of the bones of the upper and lower extremities, the former being very much increased if the child is allowed to crawl, the weight of the body then is thrown upon the wrists, and the latter by being permitted to stand up too frequently.

Chest Deformities.—This is never well marked in children before sixteen months, and even then by no means common.

Curvature of the Spine.—As stated before, apart from infantile paralysis, this is frequently produced by rickets.

Bending of the Ribs—(Rickety Rosary).—Detected most often along the fifth, sixth and seventh ribs, and they also are the first to become unnaturally bowed or curved. The enlarged surfaces on the ribs are usually at their junction with the sternum which, projecting forward, gives rise to pectus carinatum—(chicken-breasted).

The bones of the pelvis are early affected. When so there is usually a projecting of the sacrum and a depression of the acetabula from the weight of the trunk.

During the progress of the bone lesions there is a great tendency in this disease to involutions and we find as it commences in one region it subsides in another. This is especially observable in the cranial lesions where the bony changes, as a rule, run their full course before any other portion of the skeleton is involved.

With regard to the nervous element of rickets, laryngismus stridulus and convulsions stand out most prominently, but they do not appear as early symptoms, rarely before eight months, are of reflex origin and last but a short time.

Prognosis—If the disease is recognized and treated early its prognosis should be favorable, except when complicated with some other disease, as laryngismus stridulus, bronchitis or broncho-pneumonia (the elasticity of the thoracic wall being lost the lungs can neither receive nor expel a normal amount of air).

Treatment:—We are unable to furnish a scientific basis for the treatment of rickets. The best plan, however, to pursue is to treat it as a general disease. Our aim, therefore should first be directed to the digestive organs, assist healthy action of the skin, and enjoin the strictest nursery hygiene.

If the mother is unable to nourish her child or provide a wet nurse, artificial food must then be resorted to, cow's milk being the best. In its preparation I always advise the use of saccharated liquor calcis instead of lime water, the latter containing but a limited quantity of lime and otherwise inferior for neutralizing the acid cow's milk and assisting its assimilation.

The manner of preparing and giving artificial food to infants is very important, particularly in the treatment of rickets, but neither time or place permits its further discussion. So far no specifics have been discovered for the disease, but great benefit is derived from the judicious use of cod liver oil, phosphorus and some of the preparations of iron, as citrate of iron and ammonia (or simple steel wine). One agreeable way of giving cod liver oil is in combination with some of the maltine preparations which not only destroy the oily taste but very materially assist its proper digestion.

A good plan, and one which saves the child's stomach for its regular food, is to give the oil by inunction about twice a day. As soon as bone lesions are detected care should be taken to maintain the child in a horizontal position in order to support the back and limbs.

For obviating as much as possible the characteristic deformities, especially of the lower extremities, mild forms of support are not inappropriate, such as plaster of paris splints, which should be applied loosely and made to extend the entire length of the limb so as to furnish complete support and immovability.

THE AMERICAN ACADEMY OF MEDICINE; ITS OBJECTS; ITS SIGNS OF PROMISE AND ITS OBSTACLES; ITS FIELD OF WORK AND SOME SUGGESTIONS LOOKING TO AN INCREASE OF ITS EFFICIENCY.*

BY LEARTUS CONNOR, A. B., M. D.,
OF DETROIT, MICH.

Fellows of the American Academy of Medicine: By one of those strange freaks that make the action of otherwise clear-headed people unaccountable, you last year elected me to the office of your chief servant. As I was unavoidably absent from the session during which this action was taken, I did not learn of it until many hours after you had adjourned. Hence nothing was left me other than to endeavor to understand and execute your wishes. Respecting the outcome of my service you are all in position to judge. The new plans of operation proposed by Dr. Gerrish last year and adopted by the Academy called for the appointment of several new committees, whose reports speak for the wisdom of the changes and the faithful service of these committees. In general, it seems to me that the changes and the individuals who, at much personal sacrifice have rendered them so successful, deserve the full approval of the Academy.

For the first time in its history the Academy holds a meeting in the West. For the first time it comes into personal contact with the mighty material forces clustering about the great lakes, the vast rivers of the American continent, the boundless prairies and the pure breezes that, starting far up in the heavens by the tops of the Rockies, sweep for thousands of miles over fertile plains. For the first time it gazes upon the marvellous civilization that has sprung, as by Aladdin's lamp, in the vast garden that is bounded by the great lakes, the Gulf of Mexico, the Alleghanies and the Rocky Mountains. Within this area is being developed a civilization having the largest and most favorable conditions for gigantic growth, untainted by the disturbing influences of Europe or Asia, as the obstruction of vast mountain chains separate it from ready access to the great ferries which ply the Atlantic and Pacific. Here, if anywhere, will appear the typical American. Here, if anywhere, will be seen the greatest differentiation from all other peoples and races on the earth and the most perfect blending of all types under the influence of the governing Anglo-Saxon direction. Here, if anywhere, will be seen the product of the richest soil, the most varied climate, the most perfect air, the purest water, the grandest forests and the most majestic rivers. Here men and women do and dare all things in their efforts to bring under subjection the countless natural riches everywhere found in such profusion. Into this atmosphere, most typically represented in this its largest city, the American Academy of Medicine for the first time comes. That it will grasp some idea of the medical needs of this superb region and be able to initiate such schemes as still result in their early supply, is assured. That the Fellows will better appreciate the problems before them, see additional grounds for encouragement, and appreciate more definitely the obstacles to be met and overcome is our hope. Within

*Address of the President, delivered at the Annual Meeting, Chicago, Ill., November 13, 1889.

this vast area is a teeming population, the parent of millions, who, within a short time, will occupy these fat places. The medical profession throughout it are in a plastic state of development. Now, better than ever, after it can receive and execute lessons of its matchless opportunities and the measures requisite for their best improvement.

Some have said that the American Academy of Medicine is founded upon a new idea, a "fad," born of an aristocratic modern notion. As a fact we find that Hippocrates, standing at the dawn of historic medicine, urged earnestly that "the preliminary training of medical men be made as broad and as deep as possible." Further, by precept and example the same idea has been maintained by all the famous medical men from Hippocrates to Alonzo Clark, as was abundantly shown in the eloquent and scholarly address of Dr. George Jackson Fisher last year. We, the lineal descendants of the worthies are simply endeavoing to maintain the faith once delivered to the "fathers" thousands of years ago. Our mission is to galvanize into life the truth of the importance and value of a preliminary education that has become obscured by the overshadowing influence of commercialism. We strive to aid in the establishment of such conditions as will ensure the possession by every medical man of such general knowledge of literature, science, art and trade in their broadest as well as narrowest relations, so that he may rank as a real teacher, companion and friend of the cultured and the uncultured. We rejoice that the medical profession contains large numbers of such men, but the Academy would have them universal, the rule not the exception. The change which the attainment of this end would make is illustrated by the change which occurred in the classes of the Harvard Medical School during the interval from 1870 to 1880. On the former date it will be remembered that this school raised its standard of preliminary requirement and proportionately its general curriculum. In brief, it began to teach modern medicine in a rational manner. President Eliot, in describing this change, says: "Unil 1870 the students in the medical class of Harvard were noticeably inferior in bearing, in manners, and in discipline to the students in other departments, now they are indistinguishable from other students." He adds: "A corresponding change in the medical profession at large would be effected in twenty years if all the medical schools of the country would institute a reasonable examination for admission." Under the present order of things the American physician and surgeon may be, and often is, a coarse, uncultured person, devoid of intellectual interests outside of his own calling, and quite unable to speak or write his mother tongue with clearness and accuracy." To set into operation agencies which will enable all medical students to rank with any other professional students in gentlemanly bearing, and supplant the coarse, ill-bred, ignorant physician by one who can comprehend the intellectual forces operating in the community about him and who can meet on equal terms any individual who has become possessed with the intellectual training of his time, such is the mission of the Academy.

Then, if ever such a time comes, will the degree of doctor of medicine be an introduction and passport to any and every class in any community. Then medical men will take rank among the leaders in all things pertaining to the best interests of the communities in which they live. Until then the physician's diploma avails for naught except as a license to practise medicine in some States. Its general worthlessness becomes more and more apparent as State after State refuses to accept it because of the lack of uniformity of the knowledge which its possessor may have acquired.

Until a change is brought about, such as the Academy seeks, each doctor must introduce himself, pass his individual examination before the guardian board of the State in which he desires to live and before the cultured people in the community among whom he casts his lot. Having passed these examinations successfully he occupies a place in the

community such as his personal merit has won, just as does the blacksmith or farmer. The *London Lancet* stated the case as follows: "If medicine is to acquire and sustain a high respect for its membership, such as is given men of science, art and other professional callings, its membership must be equipped with all the richer learning which is required to hold its own in a world that is daily becoming more cultured and will certainly demand more of its medical advisors. Its members must have large physical and mental energy, capacity for long continued efforts, an unselfish devotion to their work and a high moral life. The practitioner of the future must know more than his father knew, and know it in a different manner. Here and there one may leap over all obstacles, and in spite of unfortunate antecedents mount to the front rank. But the vast majority of the medical profession can reach that rank only by the most thorough and systematic cultivation of every physical, mental and moral faculty before they enter upon the study of medicine. Then, if ever, the physician must make the acquaintance of the great world of literature, philosophy, art, poetry, language, etc., which has been growing out of the labors of countless hosts who have lived and by their toils made it possible for us to accomplish more than they in the short span of human life. At such time, or never, the student must master the objects and forces beneath the earth's surface, upon the earth's surface and above the earth's surface. By microscope and telescope, and all other scopes, by retort and test tube, by heat, light, electricity, chemical force and gravitation he must follow the great teachers into the revealed mysteries of nature. Only thus can he come to know something of himself and of the human beings whose ills he would learn to prevent, remove or alleviate. Only by such training can he hope for a manly development which will rank him with the best educated men of the world. To increase the number of those who shall thus stand as the representatives of medical science and art is the crowning glory of the Academy's labors.

But the objection is made that such development will not pay. It costs too much time, too much money, for the returns in fees. To this I reply that the history of medical men shows clearly:—

1. Those who enter upon the study of medicine for the fees they hope to receive have made a fatal mistake. They had better, at once, devote their time and energies to some calling in which it was possible to accumulate large fortunes. The pure tradesman has no place in the temple of medicine more than he has in the temple of religion. He may don the horse's skin to cover his own but the donkey's ears will stick out and betray him. He may be sure that at some time the Master will enter and drive from the temple "the money changers and those who sell doves."

2. The highest honors, the largest fees, the most enduring renown, the greatest glory, have, during all historic time, come to such physicians as have, first and last, sought the uplifting of the profession to which they belonged. In the language of the great Teacher "those who have sought the kingdom of God, have also had added to them all other earthly things." In brief, it is certain that medical men, developed and equipped as we have desired, would reap the very highest fees, the most distinguished honors that earth can give. We trust that this Academy may in the near future make plain to the world that its principles once fully enforced by the profession, would be attended by a vast increase of the solid cash.

It is fitting, from time to time, to look over the field in which we labor and note the progress made in its cultivation and the signs of promise for the future. Of these I note a few for our encouragement. In truth, it must be said that the Academy is but one of numerous agencies, all striving toward the accomplishment of the same end by diverse routes. All of these we cordially welcome and wisely seek to increase in efficiency and to multiply.

1. It will be remembered that last year the College of Physicians and Surgeons of New York placed in active operation a preliminary examination of considerable severity. The result shows

that its classes maintained a size entirely unexpected though gratifying to the friends of an increased preliminary education. In some other medical colleges the increase of preliminary requirement was attended by equally satisfactory results.

2. Better than this, because of larger scope and indicative of a wider interest in preliminary education, is the action of the last New York Legislature in enacting the following:

"Before the Regents of the State of New York or the Trustees of any Medical School or College within this State shall confer the degree of doctor of medicine upon any person who has not received the baccalaureate degree in course from a college or university duly authorized to confer the same, they shall require him to file with the Secretary or Recording officer of their University or College, a certificate showing that prior to entering upon the study of medicine he passed an examination conducted under the authority and in accordance with the rules of the Regents of the University of the State of New York, in arithmetic, grammar, geography, orthography, American history, English composition and the elements of natural philosophy, and such certificate shall be signed by the Secretary or the Regents and countersigned by the Principal or Commissioner conducting the examination."

This enactment shows that the principle for which the Academy contends has been adopted by the State of New York. The examination is low and the enactment imperfect in some details, but, as a whole, it is a great step in advance. We can rely upon the spirit which prompted and the intelligence which formulated the enactment to eliminate imperfections and advance the requirements as public sentiment shall desire.

3. It is meet that the Academy should take heart, because the enemies of the Illinois State Board of Health failed to accomplish its ruin this year. Its position, that no diploma will be recognized as entitling its possessor to practise medicine in Illinois unless by a medical college which requires a definite preliminary examination, still remains the law of this State and is enforced. The service of this board in teaching the doctrine of the absolute necessity of some preliminary requirement of medical studies before entering upon college training has been of incalculable value. It is doubtful whether any moral suasion would prove so effective with the medical colleges, the medical profession and the laity and other State boards of medical examiners. As the pioneer of teaching this doctrine by law it will ever retain the gratitude of such as are able to appreciate its difficulties. Profiting by its success and failure other boards have been established upon a higher plane, but all cheerfully acknowledged their debt of gratitude to this board.

4. The results exhibited by the Minnesota State Board of Medical Examiners, under the last phase of its developement are especially encouraging. Under the old act Minnesota licensed in 1885 one hundred and forty-six physicians. During the following two years the State rapidly increased in population, and yet under the last act only one hundred and forty per year were licensed during the two following years. At the examination held October, 1889, of seventeen applicants only twelve were licensed. From this statement we are prepared to hear that Minnesota has but one physician to thirteen hundred people, while in the rest of the States, it is affirmed, that one physician exists to every five or six hundred people.

The last act, in brief, requires all persons desiring to begin the practice of medicine to pass a scientifically practical examination by a board, independent of all medical schools. No candidate is admitted to examination unless he presents a diploma from a medical school that requires a preliminary examination upon the following branches: English grammar, composition, geography, algebra, physics and natural sciences, together with one of the following languages: Latin, French or German. In addition the college must require attendance upon at least three full courses of instruction, of not less than six months' duration before conferring the degree of

doctor of medicine. The practical result of this law has been to restrict the number of new men who have entered upon the practice of medicine in Minnesota and very greatly elevate the general and social training of the new members. It has also given a stimulus to medical colleges in their efforts to advance the standard of preliminary requirement. It must be that in the near future the profession of Minnesota will possess a higher grade of general culture and professional acquirement than in the past or than is possessed by other States. As this accords with the aims of the Academy it can rejoice in such tangible proof of progress.

5. In Montana, Virginia, North Carolina, etc., there are also laws bearing upon the increase of the preliminary requirements of medical students. While these are less radical than the Minnesota acts, they contain the seed which is sure to grow until they have equalled, if not surpassed, the foremost.

6. At the late meeting of the American Medical Association Dr. Millard, so long actively engaged in the reformatory work in Minnesoa, presented a scheme urging the adoption of such measures as would result in the adoption by each State of the Minnesota acts. His idea was regarded with favor by those present. That difficulties attend its speedily realization does not render it less appropriate that we should accept it as an indication of the development of our cherished principles. We are ready to grant that law cannot accomplish all the reform we seek, still we must admit that law can do much in numerous directions otherwise unattainable. It can lay its heavy hand upon the wilful transgressor and make him respect the forms of propriety. The discussion of such laws incident to their formulation in each State, to their passage through the legislatures and to their enforcement compel attention from millions of the laity and thousands of the profession who otherwise would not give the matter a moment's thought. Medical colleges would thus learn that they cannot, with impunity, for trade, prostitute the profession to which they belong. The law can make it profitable for the colleges to adequately increase their preliminary and other requirements.

7. The pharmacists, at their last annual meeting, bewailed the low condition of the general culture of their craft and endeavored to formulate some plan by which such culture could be increased. They sought to have the professional side of their calling occupy a more prominent share of attention. The preliminary requirement suggested as fitting for those who desired to enter upon the study of pharmacy compares favorably with that of most medical colleges which enforce any preliminary examination. Thus in many directions the spirit of reform is abroad. While it works slowly it is surely coming to the front.

(*To be continued.*)

Society Reports.

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

Semi-Annual meeting held at Court Hall, Hagerstown, Md., November 12 and 13, 1889.

Dr. A. Friedenwald, President, in the chair, Dr. Wm. B. Canfield, Secretary.

THURSDAY, NOV. 12TH, FIRST DAY.

The Semi-Annual Session of the Medical and Chirurgical Faculty of Maryland was called to order at Court Hall, Hagerstown, Md., November 12th, at 1.30 P. M., the President, Dr. A. Friedenwald, in the chair.

Dr. A. S. Mason, Hagerstown, delivered the

ADDRESS OF WELCOME.

as follows:

MR. PRESIDENT: I am honored by my professional brothers of Hagerstown in being assigned to the agreeable office of expressing to you and your associates a few words of welcome, and to thank

you for selecting our town for this meeting.

We have read with interest the announcement made by your committee of arrangements, and we desire to assure you of our full sympathy with its purposes.

You, the president, are the representative of an association, ripe in years and in usefulness, upon whose roster are inscribed the names of gentlemen eminent and honored, running down through a long line, now quite near a century, but Sir, it has remained for its present members to inaugurate this new departure, to widen and extend its usefulness, to come out into the counties of Maryland and offer to your country brothers its influence and its benefits, for this, Sir, let me thank you, and in behalf of my brothers of Washington County I extend to you and each of you a most cordial welcome, trusting that this meeting which began here to-day, may end so auspiciously, that you may take courage to go on with your good work.

Dr. A. Friedenwald, in delivering

THE PRESIDENT'S ADDRESS.

responded very happily to the address of welcome, and in his remarks said: Before all else I desire to give some expression in behalf of the Faculty to the deep appreciation of the warm welcome we have received and the kind words that have been spoken to us in this goodly town. I regret I cannot do this as fittingly at the occasion deserves. I am sure that the cordiality with which we have been met here, will long be remembered by us, and that we all unite in the wish to have the opportunity at our next annual meeting in Baltimore to reciprocate the friendly greeting that has awaited us here.

I shall ask your permission, gentlemen, to refer to a bit of history in the life of this Faculty. Born over 90 years ago in the dawn of our National History it was a credit to the devoted men who stood around its cradle and shaped its future career and destiny. They labored earnestly, and consequently did that good work which makes their memories dear to us to day. Those were men who did not wait for opportunities but who made them. They stood together to advance medical science and maintain the honor and dignity of their profession. Well as they did their work, and despite the prerogatives they had secured from the State which promised to endow this Faculty with a vigorous life during all time, there came a period when it almost seemed that its usefulness would end shorn of the legal rights with which it has been invested, and which enabled quackery to flourish. This was a great disappointment, and inaugurated a period of discouragement which culminated about the year 1840. This is the time to which I specially desire to call your attention, for some years previous to this time the Faculty had lapsed into a state of lethargy which threatened to become a deep and lasting sleep. This unfortunate condition was due largely to an indifference which took possession of many of its members, many had grown old, and there seemed to be nothing left in the Faculty that was calculated to attract new members. Meetings, it is true, were annually called, and officers were elected and this was about the only manifestation of life that remained. Gradually the membership had diminished, and the library was threatened with decay. About this time a new generation of physicians had entered the ranks of the professson in Baltimore.

They demonstrated by the local Medical Societies which they had organized and the successful career upon which these had entered, that the profession had been strengthened by a goodly number of new recruits of whom good work could be expected in the future. The veterans of the Medical and Chirurgical Faculty of that time, did not fail to recognize this. When they looked upon this band of active, earnest, able and enthusiastic young physicians, who had already done themselves so much credit, new hope revived in them as to the future of their time honored State Society. They met their young brethren in all frankness, and confessed that they were no longer able to bear the

COLLEGE OF PHYSICIANS AND SURGEONS, BALTIMORE LIBRARY

burdens of the Faculty alone, and appealed to them for their fellowship. This appeal met with a prompt and warm response, and from that time up to this hour, a period of over nineteen years, the history of the Faculty has been one of uninterrupted prosperity. The transactions which have been regularly published fully testify to the valuable work that has been done at the annual meetings. The library has been made a chief feature in the attractions of the Faculty embracing not only a very large number of standard medical books, but also a large number of foreign and American journals. The membership has increased from year to year, and so has the number of those who are willing to do work, so that the four or five days of the annual meetings hardly suffice for the presentation of the papers that are offered. There is one wish however, that has long been entertained by every one who has felt an interest in the welfare of the Facnlty, which has not been sufficiently gratified. The counties of Maryland have not been adequately represented in the membership of this State Society.

There is need for more intimate relations for a closer bond of fellowship between the medical practitioners residing in the various districts of this State than does now exist. This semi-annual meeting of the Faculty has for its purpose the inauguration of a new era in its history looking to the consummation of this important object. Now is the time, and the Medical and Chirurgical Faculty offers the best opportunity for the realization of this hope. The young men who responded to the call which brought about the renaissance of this Society, nineteen years ago have now in time become its veterans, and they with those who have since joined with them send the profession in all parts of this State their fraternal greetings, and request that every reputable physician whether he resides in hamlet, in town, or in city to enroll himself as a member of this organization.

Dr. Robert W. Johnson, Baltimore, then road a paper entitled

SOME PRACTICAL POINTS ON HERNIA.

(see page 81)

In the

DISCUSSION

whfch followed

Dr. J. W. Chambers, Baltimore, said he thought that an important fact had been brought out. Each case should be treated on its own merits. The question of time in taxis was very important. A hernia should be strangulated as short a time as possible. Consent of the patient should be obtained to an operation if taxis fail. The danger is not in the operation but in the condition of the gut found when the doctor is called. Temporizing cannot improve the gut therefore waiting is uncalled for. Strangulated cases needed the radical operation unless they can be kept up by a truss. It is not easy to know what to do when the gut is gangrenous.

Dr. *A. Friedenwald*, Baltimore, related the case of an infant with inguinal hernia, in which the application of truss was enjoined. The child did not get the truss, however, and the rupture disappeared spontaneously.

He also reported a case of stangulated inguinal hernia which he reduced, but the symptoms continuing he feared that there was trouble in the returned gut. He called in two surgeons who differed from him, and who thought that these symptoms would subside. The patient died on the eighth day, and upon the post-mortem a small bit of the intestine was found engaged in the internal ring. Dr. Friedenwald made the point that when the symptoms produced by a hernia do not disappear completely after it has been reduced, the parts should be thoroughly explored.

Dr. T. W. Simmons, Hagerstown, sald he would like to ask in connection with Dr. Johnson's very interesting and instructive paper which of the different methods for the radical cure of hernia did he advocate, and how far the operation should be regarded as a necessary part of every operation for strangulated hernia. That it did seem after a patient was so far subjected to the opening of the hernial tumor, and its accompanying dangers, the right to close it again without giving him the benefit of some of

the approved methods looking to a radtcal cure, should at least be regarded as an important question, that he thought the tendency was to make the two operations more a unit.

Dr. J. E. Michael, of Baltimore, said that the importance of the subject of Dr. Johnson's paper, and especially the rôle which was being played in modern surgery by the radical operation, justified a full discussion. He wished especially to commend certain points in the paper. Dr. Johnson's conservative views on the treatment of hernia in children were most excellent. Doubtless there was a marked tendency to recovery and the proper use of conservative means during growth would often result in radical cure. This is especially true with regard to umbilical hernia. He had had experience in two cases among his own children, both of which had resulted in cure. He thought the picture-nail head suggested by Dr. Johnson presented too positive a convexity. The object was to close and not to fill the ring. He had used, with great comfort and success an ordinary large wooden button mould covered with chamois leather. This is fastened to a broad strip of mole-skin plaster and applied to the ring. Another position taken by the reader is especially worthy of support. He says that with regard to taxis and the length of time we should continue to use it each case should be a law unto itself. The circumstances are so different. What would be good surgery with a vigorous patient and recent hernia, would be very bad surgery with a feeble patient where hernia had been strangulated for a long time. He thinks much nonsense had been written and talked about caution and gentleness in taxis. Of course we must be gentle and cautious when circumstances demand it, but some cases demand vigor and persistance and he had reduced by active taxis many cases which under the fifteen or even twenty minute rule would have been doomed to operation. The radical operation had occupied much attention of late. Surgeons everywhere, he thought, were agreed that every kelotomy for strangulation should by followed by such measures for prevention of a return of the rupture as the condition of the facts justified. So thoroughly was he convinced of the safety and benefit of the radical operation, done under proper antiseptic precautions, that he was rather inclined to look upon success in reduction by taxis as a disaster for the patient. He could hardly subscribe to the very conservative views of the reader in regard to the radical operation. He would do it and recommend it in any active adult whose hernia was at all troublesome. For himself he would, if afflicted with hernia, accept radical operation in preference to the annoyance of a truss and the danger of strangulation. He believed it was true conservatism so to do. The doctor then described Bank's, Macewen's' and McBirney's' operation. His own procedure is like McBirney's, with the exception that he sews up all the tissues from sub-serous connective tissue to subcutaneous in one line of continuous catgut suture and the skin in another line. He is not yet convinced of the utility of allowing the canal to be closed by granulation. The treatment of the sac is the great bone of contention. It is used in many and various ingenious ways to close the canal, but he believes it best treated by removal. It should be opened in order that the surgeon may be sure of what he is doing, dissected clear of the canal throughout its whole extent and ligated off well within the abdominal cavity.

Dr. E. Tracy Bishop, Smithsburg, Md., asked for information as to the prevention of hernia. He believed it possible to prevent it by proper physical training. The tissues involved being modified forms of muscular tissues could be kept in proper condition of resistance by suitable gymnastic or other exercise. He related the history of a case in point where a young man found that he could relieve an inguinal hernia by taking exercise and who recovered entirely by keeping up his exercise throughout the year The doctor considered congenital hernias to be due to defective muscular condition inherited from the parents. The doctor made the further observation that hernia would rarely be found among the American Indians.

Dr. J. McP. Scott, Hagerstown,

expressed the pleasure he had in lisieing to the very practical address of Dr. Johnson upon one of the most important subjects which could claim the attention of the active practitioner. He must, however, except to the application of any inflexible rule as to the management of the incarcerated gut showing marked evidence of impaired vitality. He had recently had an experience which would hereafter be a lamp and guide. A few months since he was called to a remote portion of the county, late Saturday night, to operate upon a case of hernia, said to have been strangulated since Thursday. It was impossible to make the visit until the next morning, Sunday, and the patient was found with a left inguinal hernia which had come down on the Thursday previous. The history of the case indicated an old hernia and also made it questionable whether, although a truss had been worn, it was completely reducible. Taxis failed to reduce the tumor. Constipation and some vomiting were present. The symptoms, however, calling for operative interference were most urgent. This procedure, however, having been determined upon the operation was done. The sac having been exposed it was necessary to open it to sever the strangulation. Upon opening the sac the gut was found to be very dark and bordering upon gangrene. The bowel was adherent to the sac, and the vitality had been so far affected by the strangulation that the adhesion between the lower portion of the knuckle of bowel and sac had given way; the remainder of the sac and bowel were adherent. They were carefully separated by the handle of the scalpel and the constriction caused by the sac severed up to the peritoneal cavity. This was the condition of the bowel, threatening the patient with the most serious result, and placing upon the attendant the responsibility of adopting a treatment which had not been considered, as the mildness of the symptoms had not suggested damage to the bowel. You gentlemen of the city, surgeons of skill whose word is law with your patients, can hardly appreciate the feeling experienced by the country practitioner under such circumstances. The gut was thoroughly freed from its adhesions, washed with hot boiled water, and allowed to remain. The edges of the wound were brought together, a soft wad of cotton applied and retained by a spica bandage, and the case left to whatever result nature might effect. Subsequent visits showed the tumor had disappeared, which could only be accounted for by the restoration of vitality to the bowel, which, freed from its adhesions, had slipped by its peristaltic action back into the peritoneal cavity. The incision rapidly healed and the patient made an excellent recovery. As has been stated, every case is a law unto itself, and this case was specially instructive in two particulars; 1st, The gut in a hernial protusion can be almost gangrenous without urgent indications for an operation by the absence of urgent general symptoms. 2nd, The bowel possesses remarkable recuperative power when freed from the strangulation, and stimulated by hot applications, and hence an artificial anus should not be be formed so long as the bowel is intact.

Dr. R. W. Johnson, Baltimore, in closing the discussion, could not agree with Dr. Chambers as to the propriety of leaving gangrenous gut in a newly made wound, especially when there was close connection with the peritoneum, nor could he go as far as Dr. Michael, who stated that if he had a hernia himself he would have the radical permanent cure attempted, even if it was causing no trouble with a truss. In regard to the cure of hernia by exercise, the writer believed that a well developed muscular abdominal wall would do much to prevent the first appearance of hernia, but after it had once come, he found that abdominal gymnastics would do more harm than good. He heartily seconded the wise course pursued by Dr. Scott in an interesting case he narrated, and would like to emphasize the fact that because all operations are *finished* in text-books, there are cases where surgeons find it the usual course to ask time to solve questions, even after the early incisions have been made.

(*To be continued.*)

MARYLAND MEDICAL JOURNAL

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BALTIMORE, NOVEMBER 30, 1889.

Editorial.

MEDICAL LEGISLATION.

When a newspaper of such broad intelligence and keen appreciation of public interests as the Baltimore *Sun* can be brought to exercise its influence in the subject of medical legislation in Maryland, a hopeful sign has been given to the friends of medical reform in this State. In its issues of November 19th and 23rd the *Sun* directs attention to the importance of this subject and very clearly shows the position which the public occupies in respect to the movement in favor of a medical law in Maryland. As a purely public matter the need for such legislation is most apparent. The medical profession of the State may regard the present status of affairs with seeming indifference, but the *Sun* proves by its arguments that the public cannot safely tolerate the present loose and lax system of professional incompetency in the State. The *Sun* assumes, as has been proven by experience, that the possession of a medical degree is *per se* no proper test of professional competency and should not be so regarded by the public. This is the only safe position to assume as long as medical schools are irresponsible to the State for the authority to create medical practitioners. The only safe licensing body is one which should act under the laws of the State and which has no interest in medical institutions. To secure reliable and competent medical practitioners the applicant for a license to practise medicine should be required to go before a board of medical examiners composed of physicians of intelligence and reputable standing, whose sole interest in their work as examiners is to protect the people of the State from professional incompetency.

Such a board should be divorced from all political associations and be purely non-political in its composition. A law, such as is in operation in Virginia, will secure just what is needed in Maryland. Taking this law as a Standard an effort should be made upon the part of the profession in Maryland to secure from the present Legislature the much needed legislation upon this subject.

Whilst this subject is now under discussion it may not be out of place to suggest at this time that general attention be given to the question of State legislation, as now in practice elsewhere, so that those who design taking part in the convention to be held in this city in on the first Thursday in January, 1890, will come prepared to discuss the subject

intelligently and to aid in the drafting of a suitable act for enactment by the Legislature.

Correspondence.

THE MEDICAL PRACTICE ACT.

Editor Maryland Medical Journal :

BALTIMORE, Nov. 19, 1889.

DEAR SIR :—I have been and am still watching with a great deal of interest the renewed effort to stimulate the profession of the State to organizaiion and protection. Your journal breaks out periodically with editorials and letters on this subject, and in the last week, one of Baltimore's daily papers, the *Sun*, has had, on two different dates, very fair and clear editorials on the regulation of medicine. I remember Dr. Osler, of the Johns Hopkins University, in his address before the State Society, said that as the homœopathic physicians differed from the regular physicians only in materia medicas, therapeutics and the practice of medicine, it would only be necessary to have at least two homœopathic physicians on the State Board of Examiners, and while all physicians of both schools would be compelled to pass alike examinations on the primary branches, surgery and the special branches, that in the above-named branches where the homœopathic school differs from the old school, the homœopathics would examine the follower of Hahnemann, and the regular examiners would examine the regular physicians. As I understand it. then, the Board would be obliged to recognize at least these two schools of medicine, and issue licenses to practise accordingly.

What has occurred to me is, how far will these licenses restrict? If a license to practise according to a fixed dogma, supposed to have been originated by one man, Hahnemann, be issued to a successful applicant, will he be allowed to do other than treat every one according to homœopathic principles? Here is a Board issuing two kinds of licenses, one kind to physicians who practise only to heal and are trammelled by no dogma, and may practise as they please, another license to men who profess to follow Hahnemann, and whose license will of necessity restrict them to their method of practise ; and yet these are not strictly homœopathic physicians, for I doubt very much is there is, accurately speaking, a genuine member of that school in Baltimore. If, then, a homœopathic physician apply for a license to practise, should he not be compelled to pass an examination before the same Board which grant licenses to regulars, being compelled to pass in materia medica and practice and then to pass these latter branches before the members of his own faith, who are on the Board? I hope I have not taken too much of your valuable space.

A READER.

[Probably one of the Board will answer the correspondent's query in a later issue.—EDS.]

Miscellany.

A MEDICAL UTOPIA.

In the great socialist novel, "Looking Backward," the author thus describes the status of the physician under the new dispensation : "The good a physician can do a patient depends largely on his acquaintance with his constitutional tendencies and condition. The patient must be able, therefore, to call in a particular doctor, and he does so, just as patients did in your day. The only difference is that, instead of collecting the fee for himself, the doctor collects it for the nation by pricking off the amount, according to a regular scale for medical attendance, from the patient's credit card. We have no poor doctors. Anybody who pleases to get a little smattering of medical terms is not now at liberty to practise on the bodies of citizens, as in your day. None but students who have passed the severe tests of the

schools and clearly proved their vocation are permitted to practise. Then, too, you will observe that there is nowadays no attempt of doctors to build up their practice at the expense of other doctors. There would be no motive for that. For the rest, the doctor has to render regular reports of his work to the medical bureau, and if he is not reasonably well employed work is found for him."

It is questionable if there are many physicians who would not welcome a rearrangement or something that would relieve them of all necessity of "taking thought for the future," or providing for the rainy day, which would remove all fear for the future of their families, enable them to devote themselves heart and soul to the work of their profession, and retire from active participation in it at the age of forty-five, to spend the remainder of their lives in recreation, travel, study, and the working out of theories suggested by their previous experience. Such a system is in strict harmony with the ideal of a profession as distinguished from a trade; and it is somewhat remarkable for a layman to take the same stand in regard to the limitation of the right to practise to those who first approve their fitness, and also to place the profession upon the highest ethical plane. And if the standard so long upheld by the profession be the one right and proper for the physician, it would seem not unnatural to infer that it might be as well suited to the rest of mankind. Mr. Bellamy should, therefore, find numerous supporters in our ranks for a scheme of a new Utopia—or a new Christendom.—*Times and Register.*

THE HAMMOCK CURE.

The author of the suspension treatment for ataxy now states that he obtains equally valuable results by swingiug his patients in a hammock. The distinguished specialists who have been causing new nervous tissues to grow where the original is destroyed, by means of the suspension method, will doubtless exploit the hammock cure; especially as they have been suspiciously silent of late concerning the suspension method. It is about time for a new sensation (especially since that eminent worshipper of gig-respectabiltty, the *Ledger*, has informed the medical profession that it must not investigate the Brown-Séquard theory), and the hammock cure has some very attractive features to recommend it. It will be popular with the fair sex; the hammock being susceptible of varied and effective ornamentation by ribbons, etc., and requiring the strength of a masculine arm to keep it in motion. Very charming costumes can be designed for it, and the daintily slippered foot cannot possibly be hidden entirely. A page in buttons is requisite to drive away errant insects, and see that no wandering caterpillars molest. As the picture develops, it really looks as if fame and fortune await the man who popularizes this new method.—*Times and Register.*

THE SPECULUM IN ANCIENT SURGERY.

Dr. Ali Cohen, of Gröningen, describes in the *Nederland Tidschrift van Geneeskunde*, a remarkable passage in the Talmudic treatise called the Niddah. The physician is there instructed, when it is uncertain whether hæmorrhage proeeeds from the vagina or the uterus, to introduce a "siphopheroth," into which a "mechul" is introduced bearing "mouch." When the "mouch" is found, on retraction, to be covered with blood, that shows, according to the Niddah, that the hæmorrhage is uterine. It is expressly stated that the apparatus does not wound the patient in any way. The "siphopheroth" was a cone of lead; its orifice was bent inwards, so as not to wound the vagina. The term is manifestly corrupted from the Greek. The "mechul" was a long wooden rod, and "mouch" signifies a preparation very like charpie. Thus the mechul and mouch were the equivalents of the speculum forceps and wool. The siphopheroth was not the strict homologue of the speculum, but rather a contrivance meant to guard against a source of fallacy respecting the seat of hæmorrhage in

pelvic disease. It is not stated that the instrument was designed for direct inspection of the cervix. Facts of this kind, unearthed by Dr. Cohen, are of considerable interest. They show that the sound scientific methods and ideas which prevailed in the old civilization of the Mediterranean basin were not confined to the Egyptians, Chaldees and Græco-Roman nationalities, but also certainly flourished in Judea. Historians are fond of tracing the arrest of true scientific research, so marked in the Middle Ages, to that blending of Græco-Roman and Semitic ideas, so favorable to humanity in other respects. That one blending brought about more than one enlightened and philanthropic religious system. Logically, it should have aided science. But science remained in abeyance till the Renaissance. The fault probably lay not in Christian and Jewish systems of civilization, but in the intellect of the Teutonic and Latin nations, which was insufficiently developed during the Middle Ages to appreciate science.—*British Medical Journal.*

Medical Items.

By the will of John H. Schœnberger, of Pittsburg, that city will get an $800,000 hospital.

By the will of the late Mr. John S. Gilman, of this city, the Presbyterian Eye, Ear and Throat Hospital will get $5,000.

Dr. R. B. Warfield and Dr. I. R. Trimble have moved to 214 West Franklin street.

A legacy of £100,000 ($500,000) has been left to the University of St. Andrews by a millionaire centenarian—Mr. Berry—long a resident in Australia.

At the next meeting of the Clinical Society, on Friday, December 6th, Dr. Howard A. Kelly, of John Hopkins Hospital, will report several cases of Cæsarean Sections.

The success of the Scottish Microscopical Society, the most recent addition to the list of Edinburgh societies, seems assured. No fewer than eighteen new names were balloted for at the last meeting.

It is a curious and perhaps not insiguificant fact that of the seventeen thousand odd divorces granted in France since divorce became legal in 1884, there was no issue of the marriage in 48 per cent.

The new edition of Prof. Virchow's *Cellular Pathologie*, on which its distinguished author has been engaged for some time, will, it is announced, appear at the time of the International Medical Congress at Berlin.

The Biography of Ephraim McDowell, M. D., of Kentucky, the Father of Ovariotomy, by his granddaughter, Mrs. Mary Young Ridenbaugh, is announced to appear soon. The work is dedicated to the Physicians and Surgeons of America.

Dr. Tyrell, of the California Board of Health, in a recent report declares immigration of consumptives to that State should be prevented, as there is good ground for the belief that the disease is contagious. The influx of consumptives into the southern counties has been followed by a spread of respiratory affections among the original settlers.

The importation of saccharin has been for some time forbidden by France, Spain and Portugal; Italy and Hungary have now followed the example of these countries. In Belgium a duty of 140 francs ($28) a kilogramme (about two lbs.) is levied, not only on saccharin, but on all products containing more than 50 per cent. of it. In Holland a duty of 60 florins ($30) a kilogramme will probably soon be imposed on saccharin.

The following have been appointed as the Legislative Committee to meet two members of the profession from each county, to discuss a change or amendment in the present law to regulate the practice of medicine in Maryland, in January, 1890: Drs. J. McP. Scott, of Hagerstown, J. W. Chambers and J. W. Preston, of Baltimore, with six members of the Medical and Chirurgical Faculty, viz.: Drs. Randolph Winslow, J. T. Smith, S. T. Earle, J. Edwin Michael, W. F. A. Kemp and T. A. Ashby.

Original Articles.

TYPHOID FEVER. ITS PREVENTION AND TREATMENT.

BY JOSEPH T. SMITH, M. D.,

Visiting Physician to Bay View Asylum.

"Typhoid fever is essentially a disease of continued type * * * it is in all respects a disease of a very formidable nature, producing lesions which profoundly impair vital organs, inducing organic changes of a permanent kind and implicating life, either immediately or remotely in a large number of cases. It may kill in the acute stage by the force of the fever exhausting the system, by perforation of the peritoneum and its consequences, by sphacelus of the intestine itself, by hæmorrhage, wasting and protracted diarrhœa, or, finally, by its extraordinary power of calling into play certain dyscrasiæ previously dormant in the system."

This is the disease we have thought advisable to bring to your attention this afternoon; we have endeavored to condense the subject as much as possible, to keep within the required limits, as to time.

Surely such a diseased condition should be continually kept before us; like phthisis and pneumonia, it has always received a large share of attention, and should continue to do so until its ravages are much less destructive to human life, than is the case at present.

In the city of Baltimore, during the past ten years (1879-1888, inclusive), the deaths from typhoid fever numbered 1,623, an average of over 160 a year; a small death rate, it is true, for a city of 400,000, but one which can be still further reduced. Our efficient Health Commissioner, Dr. Steuart, in his last report to the Mayor and City Council, says, "The reduction of the annual mortality from zymotic or preventable diseases in this city, since the enforcement of the 'Plumbing Ordinance,' Jan. 1, 1884, has been very remarkable—the percentage of deaths from zymotic diseases to the total mortality from all causes, during a period of 48 years (1836-1883, inclusive), was 28.08, diminished during the past 5 years (1884-1888, inclusive), to 22 per cent. * * * During a period of 24 years (1860-1883, inclusive), the deaths (from typhoid fever), averaging 190 annually, were reduced during the past five years to an average of 165." Such a condition of things in this city shows the gain that has accrued to us from the constant agitation and discussion of diseased conditions and their causes, in that way has the public conscience been aroused and their desire for better things stimulated. We have our reward in seeing such palpable fruits of the labor bestowed; as the report above quoted says, "This may well be claimed as a triumph in sanitation, demonstrating the value of good laws, diligently and strictly enforced."

Typhoid fever comes to us as a unique disease in many of its aspects, and we had intended to pass it in review, but the task would be too great for your time and patience; we have therefore noted but two points: its prevention and treatment. We have fallen upon an era of preventive medicine; we are called upon not so much to put out the fire already kindled, but to take care that no sparks shall get near the combustible material. We point with just pride to the almost total extinction of small-pox by means of the preventive treatment; as with small-pox, so with typhoid fever—it should not exist. We heartily endorse what a recent writer has said: "Nothing is more disgraceful to the civilization of the 19th century than the existence of typhoid fever." "Obsta principiis" is the motto with which we should go forth to meet this disease. We do not need to go heavily armed; a few simple weapons well handled will give us the victory.

We find in typhoid fever a disease well suited to the attacks of preventive medicine. We are taught to believe that the disease is due to the presence of an infecting micro-organism, the typhoid bacillus, that it finds a lodgment in the

*Read before the Medical and Chirurgical State Faculty of Maryland, at its Semi Annual Meeting, held at Hagerstown, Md., November 12 and 13, 1889.

intestinal canal, thus contaminating the stools, and that we have ample means at our command for its complete destruction ; still further, we know full well in what way it gains access to the intestinal tract. While the germs may be taken up from the atmosphere, while they may be ingested with milk and meat, water is the chief source from which the human family obtain their supply of typhoid fever germs. Instances innumerable are to be found in proof of this, but in this assembly to narrate them would be a waste of time ; but I cannot refrain from noting one, as it comes so near home ; the report noted above speaks of it thus: "In one instance, in the village of Woodberry, there were 15 cases of typhoid fever surrounding the locality of one pump, from which these people all derived water for cooking and drinking. The city water department was fortunately able to supply them with hydrant water, and not another case occurred after this supply was procured."

The prevalence of typhoid fever, then, can be largely prevented by keeping the water supply pure, and few diseases show the healthful influence of sanitary measures wisely carried out, as does this. The result speedily shows itself, and were no germs allowed to gain access to the water used for domestic purposes, or that used by the cattle of the fields, it takes no prophet to say that in a very short time typhoid fever would be as rare as small-pox.

The question of the hour, then, is How shall the typhoid bacillus be kept from our water supply? In the city of Baltimore much success, as we have seen, has attended the answer to the question as given in the "Plumbing Ordinance," enforced and carried out by the health commissioner. A plumber of large business in the city told me, a few days ago, that the health department held them very rigidly to the ordinance. Where new plumbing is done or the old to any extent repaired, the pipes can be so secured that no possible point of communication can exist between the cess-pool and the drinking water, thus in the cities we can measurably well be protected, as the water is brought to us from a distance in pipes, whereas elsewhere the cess-pool drains more or less directly into the main water supply. If the plumbing in every house in the city could be each year thoroughly examined, doubtless our death rate from typhoid fever would soon be a very insignificant factor in the year's mortality, but as this is impossible, leaks will sooner or later show themselves and contamination result.

While, then, a vast amount of good has been accomplished by a strict supervision of the plumbing, still, from the vast extent of the work required, it is hardly possible that it alone can lead us to a total extinction of the disease.

Outside of the cities, for reasons obvious to all of you, the problem is still more difficult of solution, and to keep the contents of the cess-pool from draining into the water-well is a matter very difficult to accomplish.

We have thus far gone upon the supposition that the cess-pool must of necessity contain the bacillus, but why need the micro-organism get into the cess-pool? Is it not easier to kill him than to let him live, and to try and control his movements? Instead, therefore, of undertaking the difficult task of controlling the movements of the germ, let us kill him as soon as he leaves the body of our patients. The evidence we have all goes to show that heat, carbolic acid, corrosive sublimate, etc., will readily destroy the bacillus; it is a germ easily destroyed, and by means which can be used in safety by any one; again, the germ is accessible.

If we have learned anything in regard to phthisis it is that a complete destruction of the bacillus after it leaves the body of our patients, would soon markedly reduce the mortality from that disease, but this seems a task impossible to accomplish, as the phthisical go freely about and their saliva is disposed of to suit their convenience, so that we get but a limited control in order to disinfect it. With typhoid fever all is different; we have our patients, as a rule, under control ; the germ is thrown off in the stools ; these can easily be watched and

the contents of the intestines can at once be discharged into a disinfecting fluid. With the light at present thrown upon the subject, it seems as if this were a method capable of eradicating the disease. The dejecta should at once be discharged into a disinfecting fluid, the hands of the nurse immediately upon leaving the patient be disinfected, and anything in contact with the stools should also be at once disinfected. No one should be allowed to come in contact with the patient except the doctor and nurse. We, as physicians, may be trusted to do our duty in this matter, but it is needful that the public should be still further enlightened, and by the constant agitation of the subject made to feel its vital importance.

The evidence, we think, all goes to show that were a thorough system of disinfection carried out in each case of typhoid fever, it would no longer be able to spread its baneful influence. This is especially needful in towns and the rural districts. In our cities a combined system of thorough disinfection and careful sanitary inspection would soon, we believe, make the disease rank very low, if not altogether banish it from the mortality list. We have purposely refrained from illustrating our subject or quoting from sanitary authorities, but have endeavored to present you with a few practical conclusions drawn from them.

Bartlett, in his *Fevers of the United States*, edition 1852, says of the treatment of typhoid fever, "There are few diseases of equal frequency and importance, the treatment of which is more unsettled, than that of typhoid fever, and there is certainly no disease the therapeutics of which has within the last few years, attracted more attention than this;" and this is true, in great part, of to-day, except that our methods are more uniform, a decided sign of progress. We have mostly come to endorse the opinion of Dr. Nathan Smith, as noted by Bartlett, in the book referred to, under the various methods of treatment then in vogue. He (Dr. Smith), says "That he has never seen a single case in which he was satisfied that he had been able to cut short and arrest its progress; and that in all cases where the disease is going on regularly in its course, without any symptoms denoting danger and without any local distress, active interference will likely do more harm than good. Under such circumstances no medicine should be given." We need no better picture of the present method of treatment. The disease resists all our attempts at curative medication, and drugs hold but a poor place in our armory. Opium for rest and alcohol for its power of rousing the heart to increased activity being most frequently called upon.

The one prominent symptom which at this day is exciting much attention, as it always has, is the fever. What shall we do about the elevation of temperature? In regard to its danger, Prof. Welch seems to have answered it for us in his Cartwright Lectures, 1888, where he says: "We found that animals may be kept at high febrile temperature for at least three weeks without manifesting any serious symptoms * * * the conclusion seems justified that failure of the heart's power in fever is less an effect of high temperature than of other concomitant causes;" and again, "What is the significance of fever? is a question which thrusts itself upon us no less than it has upon physicians of all ages. Unfortunately, we cannot to-day, any more than could our predecessors, give other than a speculative answer to this question.

There have been, in all ages, enlightened physicians who have held the opinion that fever is a process which aids in the elimination or destruction of injurious substances which gain access to the body. Under the influence of ideas which sought in increased temperature, the origin of the grave symptoms of fever, we have in recent times in great part, lost sight of the doctrine, once prevalent, that there may be in fever, a conservative element. * * * The real enemy in most fevers is the noxious substance which invades the body, and there is nothing to prevent us from believing that fever is a weapon employed by nature to combat the assaults of the

enemy. * * * It is impossible, with our present knowledge, to say exactly in what way fever accomplishes a useful purpose. * * * The supposition seems to me more probable that the increased oxidation of fever aids in the destruction of injurious substances. According to this view, the fever producing agents light the fire which consumes them. It is not incompatible with this conception of fever to suppose that the fire may prove injurious also to the patient."

We must, then, ever bear in mind these two points, when at the bed-side of our fever-sick patients: that even high febrile temperatures can be borne without giving rise to serious symptoms, and that in so far as we can know, the febrile condition may be one of protection, and it is, to say the least, remarkable how strenuously all our attempts to keep the temperature within normal limits have been resisted. Let the fire burn, but keep a hand on the draught, call upon quinine, antipyrine, etc., if need be, to regulate, not extinguish the flame. The treatment by cold baths in the systematic and strict method brought to our attention by Brand, Liebermeister and others, from all the evidence, is worthy of the most careful consideration; the good it does is not by a simple reduction of the temperature—we are to use this as a guide only. The remedial agent acts most beneficially by its power of rousing to increased activity the dormant energies of the toxically depressed nervous system; in this way, all the bodily functions are energized, and go to work with more vigor to throw off the toxic agent or resist the poisoning influence. The fact that many are timid in the use of the bath, the necessity of keeping strictly to the rules laid down, the number of baths required daily, in many cases, the force of strong men to lift the sick one to and from the water, the need of an intelligent director as to when and how long the bath is to be employed, and the popular prejudice will doubtless keep it from being much resorted to in private practice; in hospital practice, where these conditions do not prevail, its record for good entitles the cold bath to be looked upon with favor as a means for overcoming the evil influences at work to destroy our patients.

Nourishment in as large an amount as the patient can digest, and fresh air in abundance are points noted by us all. That the air may not be contaminated, and have free egress and ingress, and as a prevention against infection, the sick room should be without carpet, the floor frequently cleaned, all hangings kept from the doors and windows, plain furniture, and but little of it, nothing allowed in the room except what is absolutely necessary, and disinfection thoroughly carried out.

We thus hope that preventive medicine, in the future, will be able to control more effectually than she does to-day the spread of typhoid fever, and that a successful method of treatment will be as little sought for, as in the case of small-pox. We do not think this is too much to hope for, as we study the disease by the light we can at present throw upon it. All this can be accomplished only by the exertions of each physician, with this end in view, upon the community in which he labors.

I thank you for your kind attention.

1010 Madison Avenue.

PERSISTENT HEADACHES, AND HOW TO CURE THEM.

BY JULIAN J. CHISOLM, M. D.,

Professor of Eye and Ear Diseases in the University of Maryland and Surgeon-in-Chief to the Presbyterian Eye and Ear Charity Hospital of Baltimore.

Scientific truths disseminate themselves very slowly. The well tried and thoroughly proven have to be often discussed and are as frequently forgotten before they take root. They then give evidence of the fruit which they should have early borne. In this category is placed the medical and now well-established fact that among the many causes of most persistent headaches eye faults are perhaps the most common; and yet, as a rule, they are the last to be recognized.

Headaches are acknowledged to be one of the most constant effects of systemic disturbances. It is present in all of the active inflammatory diseases and in most of the chronic ones. When any of the important organs of the body get out of order the head suffers. The stomach, the kidneys, the liver, the uterus—all of them can produce headache. We know with what readiness the emptying of an impacted bowel will clear up head discomforts. The mistake made by physicians is to believe these to be the exclusive causes of headache.

Many of these sources of trouble to the head are fortunately readily found, and some of them are very easy of detection. But there is a very large number of head discomforts in which no acute inflammatory conditions exist to explain the disturbance of this sensitive centre. The general health of the individual is good. No one organ seems to be out of order. The digestive apparatus is in perfect condition. The kidneys are sound, with normal urine. If there be a uterus, its presence is known only at the catamenial period. Yet the head is not comfortable. That omnipresent cause of general disturbance, malaria, is invoked to account for the frequent complaints. It is found without seeking for it, and it is exorcised by frequently repeated doses of quinine. Relief comes temporarily under this treatment, with rest, as it would under any other, but the cure is only of short duration.

Where the malarial theory fails, some other has to be sought. Too close confinement to the house or to business is suspected, and fresh air with exercise enjoined. Good at once shows itself from this course of hygiene, but the head discomforts will return. Then comes a bright thought on the part of the troubled family physician in his efforts to find a satisfactory cause for his patient's sufferings. He calls the trouble neuralgia. Under this name the patient is often willing to suffer, obtaining temporary relief by taking quinine, morphia, antipyrine, the bromides, or some allied drug. Finally, it slowly dawns upon patients, that when they took medicines or open air exercise, *and stopped work*, relief came, but that when they resumed their occupations of reading, writing, or sewing, these being the every day employments of the majority of the population in cities, that their heads would ache. They then, from their own observations, propose the question to their medical adviser, whether in some way the eyes may not be responsible for much of the trouble which they have so long suffered? Once the discovery is made, the cause and effect can be constantly traced. They soon find out that they can read, write, or sew themselves into a headache. This sequence is so common that it ought to have been detected at a much earlier stage of the treatment.

The degree of discomfort is always in proportion to the *nervous temperament* of the patient. A safe rule for a physician to follow, is to look to the eyes as a common cause of head disturbances when the frequent headaches of a patient are not produced by some tangible disease. As a cause of headache, eye trouble should always preceed malaria, neuralgia, and such commonly attributed but very obscure sources of disorders; and this, even when the painful symptoms temporarily yield to quinine, iron and arsenic. Unfortunately, when the fault in the eye is paining the head, and is secondarily disturbing the whole body, the eye itself does not necessarily take on congestion, and is not even always painful, so that the casual observer can see in it no cause for trouble.

Many persons know that under the continued use of the eyes the head aches, but the seat of pain need not necessarily be in the eyes themselves. Fortunately in the majority of cases it is the pain in the eyes that precedes the pain in the head. If this sequence always existed, there would be less trouble in making a correct and early diagnosis.

Some patients will give as their case history, that up to a certain time they had, as they supposed, the strongest of eyes. They overworked them and now they will stand no work. Since the first break-down in their sight a very few minutes of reading, writing

or sewing causes the eyes to water and burn, and produces a brow stricture. with eye pains. If the work is persisted in the pain extends to the temples, then to the top of the head, and even to the back of the neck. Some refer all the pains to the top of the head, while the back of the head and the neck annoys some the most. In a few even the stomach becomes upset, and nausea follows, not because the liver or the brain is diseased, but as reflected disturbances from the over-taxed eye muscles.

Nature does wonderful work. The function of any organ is a marvel far beyond our comprehension, and the eye is one of the most intricate parts of the body. While we are lost in admiration over its wonderful mechanism as an optical instrument, we are also aware of some of its imperfections. We find many human eyes far from perfect. In communities advanced in civilization a perfect eye is rather the exception. Nature may start them right but school abuses soon upset them. Near-sightedness is becoming too common an eye trouble. It has as its fruitful source the present forced education of the very young. In these days there is no play time for children. Lessons in school and studies out of school absorb more than the daylight hours.

Brain work is known to be more exhausting than hand work, and young eyes cannot submit to this constant application without injury.

There is a society protecting children from cruel treatment. It prohibits their employment in factories. The factories which should head the list as most abusive to their well-being are the schools as they are now conducted.

The average citizen would restrict his idea of muscular labor to the hands alone, not knowing that eye work is a perpetual muscular labor, and of a very fatiguing character. When a person is reading, sewing or writing, the small but important eye muscles are as hard at work in ther way as the arm muscles would be in sawing wood. They are as capable of being fatigued, and when fatigued suffer pain. This pain need not be restricted to the over-worked muscle. It draws into nervous sympathy contiguous parts of the body, and causes the so-called neuralgias of the head. An extremely common expression daily received from patients is that they have so much neuralgia that it makes their eyes pain them. When explained properly it means they have so much eye strain that it makes neuralgia in the head first, and then pain in the eyes.

All eye faults, and we use this term as distinct from eye diseases, do not cause headache. By eye faults I mean a faulty form of the eye-ball, a deviation from the perfect type, by which easy focusing of the dioptric media to form clear pictures on the retina is interfered with. Good sight means an eye which can make sharply defined pictures on the retina for brain interpretation. If this be done without effort the machinery runs smoothly and without discomfort, even if kept up by the hour or by the day. There is a large class of clear, perfect looking eyes, with apparently excellent sight, but which give way under the continued use which our every day affairs demand. These eyes would never show their faults were they not pressed by continuous labor. They resemble a flaw in the wheel of a railroad car, which can and has run for many years at a 30 mile rate and seems as good as ever, but when driven at a 60 mile speed goes to pieces. The trouble with such eyes began when additional work was put upon them and they have given trouble ever since.

The true headache eye is known as an astigmatic one, from the Greek word astigma, not a point, which means that a point of concentrated light is not being clearly made on the retina by the focusing apparatus. This astigmatism is usually a fault in the cornea, although it may be more rarely produced in the lens, or might even be from irregularities in the surface of the retina itself. It disturbs the making of sharp retinal pictures and demands on the part of the eye muscles more work than nature intended, to effect a given purpose. Should we simulate the cornea to the glass which covers the

face of a watch we can readily understand how the glass may be so mashed out of shape by lateral pressure as not to fit the perfect rim into which it should adjust itself. In examining such a faulty glass we will find that the curvatures are not uniform in all directions; also that in the direction of the mashed surface the curvature is greater than in the opposite or true surface of the watch glass. The cornea is in this manner distorted into astigmatism. When the two meridians of curvature at right angles to each other, are taken they are not found uniform. They should, in good eyes, represent curved surfaces, all of which are made by one radius. Unfortunately in astigmatism there is a different radius for each of the two curved surfaces.

The fixed law of optics makes the curvatures of a transparent surface responsible for the local strength or condensing power of such a surface. When in an eye these corneal surfaces all correspond light passing through them on its way to the retina is bent uniformly toward one point which is called the focus. That brings out on the retina a sharp picture made up of microscopic points of light. If, however, these corneal surfaces are not uniform the parts corresponding to these varied curvatures, each acting as a lens, will produce two foci of light, both not being at the same level. The perfect part of the cornea will make its image in bright luminous points on the retina as a screen. The imperfect part in unfocused luminous rings will cast shadows over the brighter points and will, more or less, blur them. Then comes intuitively an effort on the part of the eyes themselves to correct the faulty focusing and make the whole picture bright. This is a muscular effort and has to be repeated for every picture that is made on the retina.

It is easy to calculate how many of these distinct pictures are made in reading or writing, as nearly every letter has to have its own and exclusive photographic impression. The brain must register this before it is effaced, so that the retina may be ready for the suceeeding letter. To those who have never tried the experiment, it is very startling to discover how small a part of a word we clearly see. Shut one eye and look at a word containing six letters. To see all of them sharply you will find the eye moving from one side of the word to the other, proving that the six small letters can not all be focused sharply simultaneously.

When a well shaped eye adapts itself for reading, there is, as it were, a steady contraction of the accommodating muscles, a very easy condition to sustain for long periods. With an astigmatic eye a new adjustment of the muscular apparatus has to be made for every picture, a species of perpetual motion, which can not avoid producing fatigue and consequent pain, both in the eyes and in the head. Each surface has to be separately focused by the eye muscles upon the retina, because the two can not be focused together. To keep the elasticity of the lens in a perpetual state of activity, focusing first for one corneal meridian and then for the other, demands incessant activity of the intra-ocular muscles. This tax is especially demanded when the eye is exercised for near work, the more especially under bad illumination. For an astigmatic eye all work is more or less an effort, and night work by artificial light is especially fatigning. The work of the ciliary muscle in astigmatic eyes may be likened to the irregular squeezing of an object by the hand. A well shaped cornea focuses all light passing into the eye by one effort, just as the hand seizes and holds an object by the uniform pressure of all the fingers. No fatigue ensues upon this simple muscular activity. If, however, the fingers do not all clasp simultaneously the object, the thumb and second finger holding it for an instant, and then the other fingers, these groups relaxing and contracting at the rate of so many times a minute, fatigue must result. If these irregular muscular hand movements were persisted in, pains would appear in the fingers, and extending up the arm, would cause an aching of the whole limb.

The source of sensation for the intra-ocular eye muscle is branches of the

fifth cranial nerve, the great nerve of sensation for the whole head. It is a law of the human economy, that when one branch of a sensitive nerve is excited, all the branches might exhibit sympathetic irritation. From the anatomical distribution of the ophthalmic branch of the fifth nerve to all parts of the scalp, we must expect these so-called neuralgic pains to accompany eye irritations. Therefore the irregular action of the eye muscles in astigmatic eyes is one of the fruitful sources of this head disturbance. Then will also come into play nerve reflexes, intricate and far spreading, and not restricted to the head alone. Some complain of dizziness, giddiness, irregularity in walking; others, of heart irritation, chest constriction, and of nausea. These various symptoms come on as the immediate sequel of eye work. With the very sensitive, these uncomfortable results appear when the eye has been used for only a short time; with others only after long and continuous application.

When, however, the eye finally breaks down, the irritability persists even when no close eye work is done. With this condition, reading for even a very few minutes causes pain. The eyes are sensitive to light, and more or less persistent headache results. The irritation, excited through the little use of the eyes in the day, may last through the night, so that the patient is never freed from these disturbances. With some, these head disturbances are so constant, from the ordinary uses to which the eyes are put, no eye injection accompanying them, that it is not surprising that the diagnosis is obscure, and that physicians are led astray. I daily see such cases; they report themselves the victims of perpetual neuralgias, or of malarial saturation, or of brain troubles, because the head aches so; or they believe themselves dyspeptic and bilious, because of nausea. Often they have had years of medical treatment, with only temporary relief.

For such headaches, and they are very common, there are but two remedies. The natural remedy is to abandon all use of the eyes, and by so doing not excite the irregular fatiguing muscular contractions, which the use of astigmatic eyes require. Simple and effective as this remedy is, it is impossible of application. No one, in these days, can make this sacrifice, and give themselves to idleness. The only remedy then left us is to correct the excessive and irregular action of the interior eye muscles. This is accomplished by the use of cylinder glasses. When carefully selected, properly mounted, and constantly worn, at least for near work, they make all the corneal curvatures act as if uniform in their focusing power. By wearing proper glasses, the eye machinery runs smoothly, and headaches of years' continuance disappear as if by magic.

A hypodermic injection of morphine can not more promptly check pain than does the putting on of proper glasses relieve headache. Relief is often immediate with the putting on of cylindrical spectacles, and it becomes permanent under their continued use. Often, during the first consultation, patients remark how restful the glasses make the head, and how the old sensations of discomfort come back the moment the glasses are removed.

Quite recently an intelligent lady, 26 years of age, from a distant city, could not recall a single day for years, when she was freed from headache. Very often she had to seek comfort in bed, in a dark room. Her case was one of irregular nearsightedness, or, as it is termed, "myopic astigmatism." When the proper glasses were adjusted, the beauty and comfort of seeing was a revelation, which she expressed by face as well as by words. She wore the glasses prescribed, and for the first time in her remembrance she enjoped the comfort of freedom from pain. The giddiness in her case was so annoying and her gait so unsteady at times, that she found no pleasure in walking. With the correction of the eye irregularity, came a steadiness of tread delightful to enjoy. I found that the nose bridge of her spectacle frame was a little too narrow, and suggested that the optician open it a little. For three days she had been living a life of luxury, going where she pleased, reading all she wanted, and

with perfect bodily comfort. At my suggestion she visited the optician to have the frames properly bent. Awaiting the correction of the frames, in the store, she was forced to go without her spectacles for ten minutes, and her headache promptly returned. As she said to me, "You may imagine my anxiety to get my precious glasses back again, and how I enjoyed them from the moment I put them on."

Astigmatic eyes I see and correct every day. All astigmatic eyes under continued use cause eye and head pains, headaches more or less persistent being a constant accompaniment of such faultily constructed eye-balls. *Properly selected and properly adjusted cylinder glasses will relieve such headaches.* I therefore cure persistent, long lasting, very annoying and more or less severe headaches, every day, by prescribing glasses. With very few exceptions, all of the patients have been under medical treatment, some for very long periods. With these patients, nearly every organ of the body, *except the right one*, has been falsely accused of creating and keeping up the head disturbance. Mercury has been given to many of them for supposed liver torpidity. Iodide of potash has been swallowed by the quantity for the purpose of correcting some obscure syphilitic taint of which there is no history. During the many years of suffering quinine has been prescribed to the extent of ounces to break up imaginary malarial impressions. The temples have been leeched and blistered, and the head neuralgias have been vigorously but unsuccessfully fought by a host of active remedies. Pessaries have been worn because the uterus was supposed to be in some mysterious way connected with the head trouble. Often it has occurred when the physicians' long list of remedies is nearly exhausted, that a friend of the patient has suggested that the constant headaches of one of her acquaintances was cured by the wearing of glasses, and perhaps in this case benefit might equally come. In this indirect way patients finally get relief.

The object of this paper is to draw the attention of physicians to the fact that constant headaches, even when not connected with imperfect vision, may be caused by faultily constructed eyes. Also, that when such is the case, medication is of no avail in obtaining permanent relief. Tonics to the enfeebled, by increasing muscular strength, may temporarily or partially relieve the discomfort. It does not remove the cause, and therefore a tonic cannot cure. Also that rest for such eyes, when pain in the eyes accompany the headache, effects no permanent good. The trouble remains to annoy as soon as the eyes are again put to use. *There is but one way to rest such badly shaped eyes, viz., correct the fault by properly adjusted glasses.*

There are thousands of young persons in our midst who are now impatiently resting their eyes for weeks and months at a time, under medical advice. Some are kept from school, a serious break in their education, and others can ill spare their absence, from various occupations. All are taking physic to enable them to escape from annoying headaches which come on whenever they apply themselves. All of these long-suffering and much-abused patients need some one to suggest to them the well established fact that, although the eyes do not visibly inflame, they are a common cause of head discomforts, and that this fact in their respective cases demands recognition. This advice properly should come from the family physician, and should not be accidentally obtained from unprofessional sources.

TRANSMISSION OF DISEASE BY BRUSHES AND DENTAL INSTRUMENTS.

A discussion recently took place at the Conseil d'Hygiene concerning the transmission of certain diseases by hairdressers and dentists, the brushes and instruments being used in common for all their clients. M. Lancerreaux wished to have stringent measures enforced, and cited a case of phthisis which Dr. Cochran, an American dentist, alleged was transmitted by a dentist's instrument; M. Dujardin-Beaumetz and others declared that there were great difficulties in the way, but recommended great care in school and public institutions.—*Weekly Medical Review.*

THE AMERICAN ACADEMY OF MEDICINE; ITS OBJECTS; ITS SIGNS OF PROMISE AND ITS OBSTACLES; ITS FIELD OF WORK AND SOME SUGGESTIONS LOOKING TO AN INCREASE OF ITS EFFICIENCY.*

(*continued from page* 92.)

BY LEARTUS CONNOR, A. B., M. D.,
OF DETROIT, MICH.

OBSTACLES TO THE GENERAL ADOPTION OF THE PRINCIPLES OF THE ACADEMY.

We are compelled to admit the existence of another side of the picture. There are numerous serious obstacles to the rapid adoption by the medical colleges of a high grade of preliminary requirement from their students. Among these we note a few.

1. According to statistics collected by the late President Barnard, of Columbia College, it appears that the proportion of literary college students has diminished from one in two thousand of the entire population to one in twenty-five hundred. During those fifty years the population has increased about four-fold, the number of colleges three-fold, but the aggregate number of students in all the colleges but little more than two-fold. The causes that have diminished absolutely the number of bachelors of arts we cannot discuss, but the fact exhibits one reason why more bachelors of arts are not found in the medical profession and why a high degree of preliminary requirement is not generally regarded as necessary for entering upon the study of medicine. Significant of the continuance of this tendency of the age is the election of Ex-Mayor Low, of Brooklyn, N. Y., to the presidency of Columbia College. That a wealthy and successful business man, and able and astute politician, with no practical training in the art of teaching should be placed at the head of one of the most prominent literary colleges in the United States is certaainly a spectacle worthy of the most careful study. Has business so absorbed the best brain of the land that from its ranks might be chosen the leaders of the intellectual and moral training of the country? If so, then we have to meet an obstacle of the first magnitude in the prosecution of our work. In any event we are a part of that protest which every scholar must utter against any and every capitulation of intellectual and moral life to commercialism. At every turn we shall be opposed by the trade spirit of our country and our time. This trade spirit cripples the efforts of not a few members of this Academy. One of our distinguished members in his labors said that he was most discouraged by some of those having abilities, refusing to attempt certain work because it would not aid in filling their offices with patients and their pocket books with dollars. Recognizing our foe we shall not be surprised at his unexpected and unwelcome presence, but be ever prepared to do what we can to thwart his purposes.

2. It is an historic fact that the medical colleges have constituted a powerful obstacle to an increase of the preliminary requirements. The history of the profession of Ontario fully substantiates our proposition. The colleges there were finally compelled to yield as at last they must in the United States. This action of the medical colleges is based upon the trade aspect of their work. Adequate preliminary education, if exacted of all colleges would require the sum total of student's fees and other perquisites. The exaction of one school, having no other advantages than its rival, of a high admission examination would send a portion of its students to its rival. So in a variety of ways the principles of the Academy antagonize the trade interests of the medical colleges. So we can understand the efforts they put forth to defeat the enactment of laws adequate for the certain enforcement of an honest efficient preliminary examination and rational college training. That which has been made public is probably only a tithe of the antagonism already existing. Dr. P. H. Hillard, in the report already referred to, says "that only those who by their official

*Address of the President, delivered at the Annual Meeting, Chicago, Ill., November 13, 1889.

position have been compelled to enforce the medical acts of Minnesota, Missouri, West Virginia, etc., can appreciate the obstacles and intolerable embarrassments encountered in their execution. The most captious criticism and formidable opposition came from the profession itself. This criticism and opposition did not come from the narrow-minded cynic alone, but to the shame and disgrace of the profession, from a large number of our medical institutions, none of which, we regret to mention, were manned by men of eminence and great learning, but had carelessly, for financial reasons, given cognizance to an opposition to a reform which was entitled to the undivided support and encouragement from every member of the profession, from the Atlantic to the Pacific. Of the nine attempts to repeal the present Minnesota Practice Acts at the last session of the legislature of Minnesota, a majority of the professed amendments emanated directly from the medical colleges themselves." The evidence is overwhelming of the open and covert opposition of the mass of medical colleges to all enactments tending to limit the numbers of their students, and among these must be classed a proper preliminary education. They love large classes better than small ones. Reforms that will benefit their individual interests they will adopt, all others must receive their condemnation.

Many years ago the speaker attempted to persuade a member of this Academy, known the world over for his great learning, splendid abilities and apparent devotion to the advancement of the medical profession, to exert his influence with his own college to establish a preliminary examination and a three years' graded course. He listened to me patiently and when my plea was finished he said: "My dear doctor, I believe in the absolute truth of what you say. By no other means can medicine be properly taught. For more than two score years I have said to myself, as I finished my course of lectures, 'another farce ended.'" But he said, placing his hand upon his pocket book, "the real trouble lies here. The doing as you suggest by my college would diminish its income and the salaries of its teachers. We cannot do it." He did not do it, nor has his college done it to this day. I suspect that it never will until it can be shown to pay in money.

Admitting this hostility of the majority of medical colleges to the principles of the Academy, what can it do in the matter? Its collective wisdom can most wisely answer this question, but it would seem evident that the members of the Academy could cast their influence with such colleges as honestly did enforce an adequate preliminary examination. It could also assist in the enactment of such State laws as will compel all colleges whose diplomas are recognized within its borders to enforce proper preliminary training. In one or both of those ways it might finally be made profitable for the hostile colleges to join in the vigorous prosecution of our work.

3. It is unfortunate for the cause of preliminary education that so large a proportion of the professors in medical schools fail to possess the training needful for the acquisition of the degree of A. B. Not possessing this training they are unable to comprehend its value to their students, and so are little likely to encourage them to obtain it. Naturally they oppose the requiring by their college of a higher general education than they individually possesses. They became professors, because of the fact that they had money or push to invest in the business enterprise which was to enable the professors to distance all their competitors in the profession. Those who were not taken in, gathered together of the remaining doctors in the town those having the most money and push to the the end that they might make as large an impression as their rivals and so get as much or more business and so make as much or more money and so attain as extended a notoriety. It is beyond a question that most of American medical colleges originated in one of the two ways mentioned. From this origin it is clear that the general education of the professors was the least important item. Some were organized in other and less mercenary ways, others have outgrown

the character with which they were born so that there are medical colleges whose teachers are all that could be desired. Doubtless the remainder will be changed with the natural progress of events. It might be helpful in promoting this change if the exact number of bachelors of arts among the professors could be ascertained and published to the profession and the laity. We cheerfully admit that many excellent practitioners and able teachers are found among the professors of medical colleges without the degree of bachelor of arts, men who have supplied by later studies the deficiencies of their youth. These are men of commanding abilities and indomitable energy, who would have conquered all obstacles in any calling. But others in large number exist whose early defects have not been rectified in this manner, and whose presence in the lecture room of the college is an offence to any well educated, well-bred person.

4. The lukewarmness of so many members of the Academy is another obstacle to the effective prosecution of our work. Those not members notice and comment upon this state of things. They see members teaching in medical colleges which maintain no preliminary examination; they see members taking students under their direction who have the merest smattering of general knowledge; they observe at the yearly meetings of the Academy only two or three score members present; they rarely, if ever, hear members speak of the Academy and comment upon it to the physicians about them; in all these respects they differ little, if at all from non-members of the Academy. True, the Academy has ever had a remnant to whose faithful services it owes its continued existence. The remedy for this state of things is for each member to arise and enter upon his proper duties as a disciple and preacher of the doctrine of the advancement of general education in the medical profession.

5. Lastly, our greatest obstacle is the extensive general ignorance throughout the medical profession. I had collected verbatim, letters illustrating the degree of this ignorance, but from lack of time I will not read them. Nor can I dwell upon the prevalence of ignorance. It is everywhere apparent, to the annoyance of the educated. Medical editors, secretaries of medical societies, and all having large correspondence with the profession, tell the same story of the constant exhibition of a vast amount of illiteracy among members of the medical profession. It is a humiliating fact that the medical journals having the largest circulation are those who cater to this illiteracy. An editor himself, a man of general and special culture, in response to my expression of wonder that he could have any connection with a medical journal of this class, said: "I know well this element in the profession. It regards a really good medical journal as a 'kid glove,' affair, fit only for the 'aristocrats." They will not take, nor will they read, such a journal. Hence it is better to make a far inferior journal that they will take and read. This he said is the reason for the existence of those medical journals so offensive to the really intelligent practitioner. He then gave me the following picture of such subscribers as he had found them. The typical doctor of this sort spends much of his time gossiping in the saloon or in the grocery. His office is as dirty and unkempt as himself. While there, his favorite posture is to sit in an old greasy chair, with his feet upon an old, dirty, dilapidated table. With an old pipe in his mouth, he puffs and spits about his pen, removing his pipe only as necessary for conversation to his patient. When the mood takes him, he writes to his medical journal. With lead pencil and a piece of brown wrapping paper, he gives expression to his ideas, in language and forms of thought quite unknown in classical English." All will admit that the presence of such men in the profession constitutes a formidable obstacle to the work of the Academy. To limit additions to their ranks is one of the ends sought by the Academy.

In seeking to understand the resources of the Academy, we are confronted with the question, What is the extent of the field whence the Academy must draw its

membership? By the terms of our organization this membership is limited to such practitioners as have earned the degree of A. B. The exact number of such practitioners is not known, but we have certain data from which we can estimate the probable number.

The Report of the Commissioner of Education for 1886-87 gives the following data respecting the students in the medical colleges:

1. In twenty-nine States there were eighty-nine medical colleges, containing 9,806 students, 811 of which possessed some sort of a literary degree. By investigations of the degrees held in Michigan, I find that more than one-third are degrees not recognized by this Academy. It is fair to suppose that one-third of these degrees are of the same sort. Hence the students in all the regular medical colleges for the year mentioned hold but five hundred and forty-one degrees such as this Academy recognizes, or about five per cent. of the entire number.

2. The number of graduates for this year from all those colleges was 2,942. Suppose that the proportion of A. B.'s who graduated was the same as among the entire list of students, and the number who would be available for membership in this Academy from that year would be about 147. But it is a well known fact that while usually a person with little general education graduates in one or two years, an A. B. requires three or more years. This would probably reduce the number of A. B.'s entering the active profession yearly to or about one hundred, or about .03 of the entire number graduating.

3. It is worth remembering the States who are in this Report given as containing among the medical students of all their medical colleges no person having the degree of A. B. They are Alabama, Arkansas, Colorado, Kentucky, Louisiana, New Hampshire, Oregon and South Carolina. It must be that some mistake exists here, but I give the facts as contained in the official volume. These eight States are credited with having within the halls of their medical colleges 1,209 students, not one of which had any degree in the arts or sciences.

4. Finally, for the year mentioned, I find that the several veterinary colleges contain over twenty per cent. of those holding literary or scientific degrees, while, as already stated, the regular colleges have but about eight per cent. for the same year. In short, the veterinary colleges for that year contain more than twice as many students who possessed literary or scientific degrees. Versus men—horse ahead.

5. It may be supposed that the year in question was an exception and that former years exhibited a better showing. Hence I took the reports for the nine years preceding the one from which I have quoted and I find that while there is a slight variation there is no great change. The average of the entire ten years of all those holding literary degree of all sorts is six per cent. among the students of the eighty-nine medical colleges. Or if we eliminate the degrees not recognized by the Academy this ratio would be reduced to about four per cent.

In an address before this Academy in 1882 our esteemed Fellow, Dr. Charles McIntire, presented some pertinent facts. He studied nine county medical societies located in New Jersey and Pennsylvania, in all having a membership of two hundred and twenty-two. Of these twenty-eight had the degree of A. B., or twelve and six-tenths per cent. Seven per cent. had received a partial training and over eighty per cent. no training at all. Unfortunately he was unable to give us the proportion of A. B.'s among the other physicians of those counties not members of these societies.

He further obtained the catalogue of fifty-eight literary colleges that gave occupations of their living alumni and found that about nine per cent. were said to be physicians. Incidentally it may be mentioned that over nineteen per cent. were lawyers and twenty per cent. ministers, showing that medicine did not receive half so many recruits from these colleges as did either of the two other professions.

He also showed that the percentage of A. B.'s among the graduates of Harvard Medical School has decreased from over

sixty-nine per cent. during the period from 1788 to 1800 to thirty-five per cent. from 1826 to 1879.

Knowing that our distinguished Fellow, Dr. R. Lowry Sibbet, had given much thought to this subject I sought his assistance. He said that some time ago he took the register of the physicians of the United States, the catalogues of the literary colleges, the catalogues of the medical colleges and statistics collected by himself, and from these data he formulated the following: Practitioners in the United States, one hundred and twenty thousand. Twenty per cent. of these are non-graduates or twenty-four thousand. Ten per cent. are sectarian practitioners or twelve thousand. Three per cent. have the degree of A. B., making three thousand six hundred. Taking six counties surrounding his own with the profession of which he was familiar he could reckon five hundred practitioners. Among these he could find but ten possessing the degree of A. B. This is but two per cent. At the date of making this communication to me, in September 7th, 1889, the doctor says that he can find but nine A. B.'s in these same counties. He allows five per cent, for Philadelphia and four per cent. for Pittsburgh, and then estimating the other States by Pennsylvania he cannot reckon more than three per cent. of A. B.'s, in the profession of the United States.

By the aid of the Secretary of the Michigan State Medical Society I sought to ascertain the actual number of Bachelors of Arts in that body. Arrangements were so made as to cause each member no expense and but a few minutes of time in order to furnish the requisite information. The results are as follows: The entire number of members of this society is four hundred and forty-five, while the entire number of physicians in Michigan is three thousand five hundred and eighty-four. Two hundred and fifty-six replies were received from the members of the State. Of those twenty-eight stated that they possessed the degree of A. B. Fifteen others possessed other degrees. Thus there was one Ph. D., two Ph. B., one C. B., seven B. S., four M. A. honorary. Two hundred and thirteen reported as having no literary degree or other educational equivalent. It is presumed that the Michigan State Medical Society contains four hundred and forty-five of the best educated men in the thirty five hundred physicians in the State. Yet of those who replied to our inquiry only about eleven per cent. are eligible to membership in this Academy, a result corresponding with Dr. McIntire's results in nine county societies. If we regard those who did not reply to the circular as not possessing the degree of A. B. (as is most likely to be the fact) then the percentage of A. B.'s in this society is only about six per cent.

But what can we say of the thirty-one hundred not members of this society? Possibly there are many having the degree of A. B., but I was unable to get any tangible evidence of the same. In conclusion there is no reason to believe that the medical profession of Michigan contains even two per cent. of Bachelors of Art.

A fact worthy of note shown by this investigation is that the A. B.'s were more frequent among those who had practised medicine a quarter of a century or more than among recent graduates. This accords with facts given elsewhere and proves that the proportion of A. B's. in the profession is decreasing both relatively and absolutely.

Finally, in estimating the entire medical profession of the United States from our present imperfect data, it would seem as if two per cent. of A. B.'s would be a large allowance. Granting that there are three per cent. the entire profession would contain but about three thousand Bachelors of Art.

But a portion of these are homœopaths or eclectics. To ascertain this portion I secured the catalogue of seven literary colleges giving the occupations of their living alumni. My friends, Drs. Emerson and Heath, kindly, by the aid of Polk's directory, sorted out the several varieties of physicians with the following results: The colleges whose catalogues were thus studied were Williams, Yale, Amherst, Bowdoin, Penn-

sylvania and Dickinson colleges and Michigan University. From the living alumni of these institutions eight hundred and ninety-two persons were found practicing medicine. Of those six hundred and thirty-nine were found to be regular, forty-two homœopaths, two eclectics and one botanic and two hundred and eight could not be differentiated. These latter we shall drop from our calculations, though various reasons lead to the belief that nearly all are regular. This leaves us with about ninety-four per cent. regular and about six per cent. irregular. There is little doubt that the extension of this inquiry to all the literary colleges of the United States would give substantially the same results as these seven.

(*to be continued.*)

Society Reports.

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

Semi-Annual Meeting held at Court Hall, Hagerstown, Md., November 12 and 13, 1889.

Dr. A. Friedenwald, President, in the chair, Dr. Wm. B. Canfield, Secretary.

TUESDAY, NOV. 12TH, FIRST DAY.

(*continued from page* 96.)

Dr. J. Edwin Michael, Baltimore, then read a

REPORT OF A CASE OF DOUBLE POPLITEAL ANEURISM CURED BY LIGATURE.

(*See page* 67.)

Dr. William Lee, Baltimore, then read a paper entitled

RACHITIS CONSIDERED IN REGARD TO SOME OF ITS SYMPTOMS.

(*See page* 85.)

In the

DISCUSSION

which followed

Dr. William B. Canfield, Baltimore, said that while Dr. Lee had only mentioned phosphorus as a mode of treatment, he had dwelt considerably on cod liver oil inunction, also he had mentioned other remedies. He thought it was strange that, while phosphorous had been so highly recommended by Kassowitz of Vienna, and others and the statistics had been so favorable to its use there, so little notice had been taken of it in this country.

Dr. V. M. Reichard, Fair Play, said he was very much interested in the reading of Dr. Lee's paper, as he had been so unfortunate as to have met with quite a considerable number of cases of rachitis in the last eight years. He would like to ask Dr. Lee if, in his study of the disease, he had found it more frequent, proportionately in the negro than in the white race. The speaker had been struck, in his own practice, by the frequency with which the disease was encountered in negroes. A family would have the first of three or four children perfectly healthy and then every succeeding child would be rachitic. He would like to know if his experience was unique in this direction or if the observations of Dr. Lee were similar. Special stress should be laid on the part played by wasting diseases in the causation of the rickets. Any severe wasting malady, especially in young children, was liable to bring on this complication. His attention was painfully drawn to the truth of this in the last few months in observing the case of his own baby. At the age of five months the child was exceptionally hardy and robust. Suture lines apparently solid and anterior fontanelle almost shut. The posterior had been almost completely ossified at the birth of the child. At the age above mentioned the child fell into a severe ileo-colitis, which in six weeks reduced him to the most extreme degree of emaciation, and at this time, to his (the doctor's) horror he found the anterior fontanelle widely gaping, the sutures

opened so as to permit full motion of the cranial bones and the posterior fontanelle much larger than it had been at any time in the child's extra-uterine life.

Arrest of the bowel trouble, with subsequent rapid fattening of the child, removed all anxiety.

The two most striking symptoms, and ones which roughly are diagnostic when present, he thought, are delayed dentition and a widely open fontanelle. He would make it a rule to regard all those cases as dangerous in which at the age of one year the child is not regularly cutting teeth and the anterior fontanelle is not either closed or rapidly closing.

There are, of course, two indications in treatment: stop the disease and remove the effects. He knows of nothing more satisfactory than a good compound syrup of hypophosphites. He has given lacto-phosphate of lime, and cod liver oil ad nauseam—the latter by mouth and by inunction—and they always left the patient in worse condition than he was when their administration was begun. He now gives only the syrup hypophos. comp. This relieves the gastro-intestinal disorder which, as Dr. Lee has correctly pointed out, lies at the root of the disease, and at the same time supplies to the softened bones the earthy matter which they so much need.

The disease having been checked, there remains the resulting deformity to be relieved. The speaker could not at all say what he would do if he were in a city where deformed rachitics were in the most unsanitary surroundings. There he might perhaps find it necessary to have some operation performed for the correction of the deformity; but here in Washington county, surrounded as they are by fine healthful air, he has never seen a case of deformity following rickets which nature could not cure more pleasantly than the surgeon, even if not so rapidly. When first observing these cases, he did not see how they could possibly become straight; but as year after year has passed, he now knows that with proper sanitary surroundings a child will grow out of the most exaggerated deformity. He had in his mind at that time the case of a negro boy, whose deformity was such as very seriously to interfere with his locomotion. His knees rubbed together to such extent as to form bursæ. He was completely wing-footed, so that he walked on his internal malleoli. He was, in short, the most crooked specimen of humanity that could well be imagined. Now, at the age of seven years, he is becoming really straight. And the speaker thought that in course of a few years yet, there might perhaps be left no trace of his disease, except, perhaps, a lump on the back.

Hard and fast rules could not be laid down, but he would not, as a rule, advise operation under five years from the cessation of the disease, and not at all if the deformity were gradually improving.

Dr. William B. Canfield, Baltimore, then read a paper entitled

THE EARLY DETECTION OF PULMONARY CONSUMPTION, WITH MICROSCOPICAL DEMONSTRATION OF THE BACILLUS, AS STAINED BY THE QUICK METHOD.

(*to appear later.*)

Dr. Joseph T. Smith, Baltimore, then read a paper on

TYPHOID FEVER.

(*See page* 101.)

In the

DISCUSSION

which followed

Dr. William B. Canfield, Baltimore, in speaking of what scientific study, combined with well enforced sanitary regulations, can accomplish in a practical way, referred to the improved condition of the city of Munich, which formerly had such a notoriously large mortality from typhoid fever that travellers frequently avoided that city, or remained there as short a time as possible, whereas now, since Pettenkofer and Voit had

used such stringent measures to stamp out that disease, it was with great difficulty that the medical school could find a case of typhoid fever for demonstration to the students.

Dr. George J. Preston, Baltimore, spoke of the effect of high temperature acting mainly on the nervous system. He had had the best effects from antifebrin as an antipyretic.

Dr. W. F. A. Kemp, Baltimore, spoke of a case of his with persistent high temperature, on which antipyretics had no effect.

Dr. E. Tracy Bishop, Smithsburg, Md., gave an account of an epidemic of typhoid fever, that occurred in his practice more than thirty years ago. The disease appeared scattered over an area of country fifteen miles in diameter; cases occurred out on the limestone soils and in the mountains, in the deep valleys and on the high hills. Some of the sick used water from wells and some from springs. The epidemic began during a severe drought, and when the weather was excessively hot. Day after day the sky had a copper color. Dr. Bishop's father was guided in his treatment of the disease by the views of his preceptor, Dr. Nathan Smith, the father of Dr. N. R. Smith. Dr. Nathan Smith, in his book, is believed to have been first in the profession to distinguish and describe the disease. Dr. Bishop gave very little medicine, kept the patient cool and clean, used thorough ventilation, gave ice and milk, and when the patient craved it, as they sometimes did, he gave small beer. He employed small doses of nitrate of potash and calomel and Dovers' powder. A neighboring doctor gave large and continuous doses of calomel. When unusual symptoms occurred they had special treatment.

Dr. Bishop gave the history of a case in which acute general peritonitis seemed to develope. He covered the whole abdominal surface with a cantharides plaster, and directed the nurse to lift one corner of the cuticle, after the blister had formed, and smear in a small quantity of mercurial ointment. Next morning, when he went to see his patient, a woman, and she had evidently been told of his approach, he heard her crying out every half minute, like the tolling of a bell, "Skinned alive! skinned alive!" When he had reached the sick-room and asked what was the matter, the nurse told him that the blister hurt her after she (the nurse), had taken the loose skin off and put on the salve. To his horror, he found that the whole abdomen had been first peeled off and then frescoed in blue. Upon examination, however, he found that her condition was good and that she was salivated. By way of comforting her, he said, "My good woman, you need not mind this; you are going to get well now. You are doing well and you are salivated.'

Then she yelled out, "Pizened! skinned alive and pizened!" The doctor rushed out of the house, mounted his horse and galloped off, followed by the haunting refrain. The patient recovered, is still alive and well, not having had a day's sickness since, and although pretty old now, has very good, natural teeth yet. He thought the percentage of recoveries was about the same then as now.

Dr. T. A. Ashby, Baltimore, thought that drinking water has always, directly or indirectly, been the cause of typhoid fever.

Dr. J. W. Humrichouse, Hagerstown, remarked that since the introduction of mountain water there had been few cases of typhoid fever in Hagerstown. That the fever when observed could be traced to the drinking of well water. That in one house where all the members of the family had the fever the water used came from a cistern, the cemented sides of which were cracked, permitting the flowing into it of water from a sink. That recently, under the observation of Dr. A. S. Mason, there had occurred a number of cases in a public institution near that town where the water used came from a well about fifty feet distant. This institution was supplied with mountain water, but the well water was preferred on account of its coolness. An analysis of the well water by Dr. Onderdunk showed organic matter, chloride of sodium and ammonia. Dr. Mason had the pump locked and since then there have not been any new cases. Dr. Humrichouse

also said that when cases were seen in the country it was found that the barnyard and the well or cistern were very near each other, thus allowing contamination of the drinking water.

Dr. John Montgomery, Chambersburg, Pa., advocated the use of frequent sponging, with cold or tepid water, or the use of the wet sheet as a means of paramount importance in the reduction of the high temperature of typhoid fever. The country practitioner was not so well prepared to give his patient the benefit of the bath, but the method suggested was always available and at hand and answers the purpose well.

He warmly endorsed the use of alcohol in high temperatures, as not only of great benefit in its reduction, but believed with Flint and others that it prevents the loss of tissue. He uses quinia, but not in the excessive dose, believing more benefit is derived from the tonic dose and without the toxic effect, which he thinks is to be feared.

Dr. Wm. Lee, Baltimore, was surprised that antypyrin and antifebrin had not reduced the temperature. He had used them both in large doses on children, in many cases with excellent results.

Dr. A. Friedenwald, Baltimore, does not regard antipyrin and antifebrin innocent medicines. He has repeatedly seen symptoms of a collapse following their administration. Noticing the colliquative sweats that were produced by five grain doses of antifebrin in some cases, he has reduced the dose to two and a-half grains, and subsequently to one and a-half grains. At first these small doses were well borne, but after a little time considerable depression followed and the remedy had to be abandoned.

Dr. W. H. Perkins, Hancock, Md., referred to a very remarkable case in his practice of typhoid fever which was interrupted by scarlet fever, and after the scarlet fever the typhoid went on. He had heard of scarlet fever interrupted by typhoid fever but never the reverse.

Dr. Joseph T. Smith, Baltimore, said in conclusion: "We would say that the point desired to be made was that we can feel much more at our ease in regard to the fever than was formerly the case, inasmuch as we know that even quite high temperatures can be borne with impunity. True, we may treat the fever for the comfort of our patients, as it may become a necessary factor in the diseased condition, still it does not hold that high place in our regard it once did. It is often extremely difficult to trace the source from which the water supply becomes contaminated, but it is not often that a careful and painstaking search will not reveal it."

(*To be continued.*)

EUCALYPTUS IN THE TREATMENT OF WHOOPING-COUGH.

Dr. Hardwicke, in a recent number of the *Lancet*, highly recommends oil of eucalyptus in the treatment of pertussis. He uses it in the form of a spray, usually combining with it terebene. The following is his formula:

Oil of eucalyptus,	2 drachms.
Terebene,	2 "
Alcohol,	1½ ounces. —

This is to be used, with an ordinary atomizer, four times daily. Internally he prescribes terebene and paregoric in the following mixture.

Terebene,	1 drop.
Camphorated tinct. of opium,	10 drops.
Carbonate of magnesium,	2 grains.
Water,	1 drachm.—M.

To be taken every three hours. The carbonate of magnesium is added simply to hold the terebene in suspension. In every case in which this treatment was carried out a cure was effected in about two weeks.—*Medical News.*

The Maryland Dental Association held its annual session here this week, Last night Dr. W. X. Sudduth of Philadelphia gave a lantern exhibit and lecture on "Life from a Biological Point of View."

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BALTIMORE, DECEMBER 7, 1889.

Editorial.

UNITED ACTION IN MEDICAL LEGISLATION NEEDED.

If anything is to be accomplished in regulating the practice of medicine in Maryland it can only be done by the united and intelligent action of all the profession of the State. Hence the enclosed letter so strongly appeals to all right-minded men that it is given as prominent a place in these columns as possible, and it is hoped that a hearty response will be obtained:

HAGERSTOWN, MD., Nov. 30, 1889.

DEAR SIR:—The Medical and Chirurgical Faculty of Maryland held a Semi-Annual Meeting on the 12th and 13th inst., in Hagerstown, which was not only agreeable in a high degree to those participating, but gave promise of a great interest in various subjects in which the profession is greatly concerned. A free exchange of views revealed a unanimous sentiment that united effort should be made by the profession in every section to secure, during the coming winter, such legislation as may be proper and necessary to secure the rights and distinction to which it is entitled. The enforcement of laws for the suppression of quackery, in adjoining States, makes Maryland the dumping-ground of charlatanism, and renders such action imperative. At an informal meeting then held by the physicians in attendance upon this session of the Faculty, the subject was referred to a committee, consisting of Drs. J. McP. Scott, of Hagerstown; Thos. A. Ashby and George J. Preston, of Baltimore, who were instructed to communicate with the leading and prominent physicians in the various counties and city of Baltimore and urge their prompt and active co-operation. We, therefore, doctor, earnestly request that, recognizing the great importance of this movement, you will confer with your brothers in the county or city in which you live, and secure a meeting of the medical men residing therein, and select two delegates to represent you at a meeting, to be held in the Hall of the Medical and Chirurgical Faculty, corner of St. Paul and Saratoga streets, at 11 o'clock A. M., Thursday, January 2nd, 1890. This convention to be held in Baltimore will consider the subject of medical legislation, formulate a bill to be presented to the legislature and express its views as to the best means to be pursued for the profession. This effort will be fruitless if you do not, with others, assist, with your wisdom, your influence and your hearty support. Please, doctor, make this a personal matter, confer with your medical brethren and thereby secure an interest and spirit in the work which will be rewarded by your profession not only being elevated, honored and respected, but better equipped for the intelligent and skillful performance of its greats work.

Yours truly,

J. McP. SCOTT, M. D.,
THOS. A. ASHBY, M. D.,
GEORGE J. PRESTON, M. D.

Medical Items.

Dr. W. H. Marsh of Solomon's Island, was in the city yesterday.

Dr. Walter B. Platt and Miss Mary Perine were married last Wednesday at Grace Church.

Dr. G. Lane Taneyhill has moved from 922 Madison avenne to his new office, 1103 Madison avenue.

Dr. George Woodruff Johnston, 1704 Rhode Island avenue, Washington, D. C., has given up medicine and has gone into business in the West.

By a compromise Dr. Nathan R. Gorter gets $18.000 for services rendered Mr. Robert Garrett. This brings his fee a little nearer the proper amount and avoids a lawsuit, which would have caused some very unpleasant revelations about the defendant.

Under the laws of Bulgaria, if a patent medicine is warranted to cure a certain disease and fails to do it, the manufacturer can be prosecuted and sent to prison. No cures for consumption can be found in that country.

The New York Board of Health is experimenting with a disinfecting apparatus in which dry heat is employed for destroying disease germs, thus obviating the damaging consequences of the usual methods of disinfection.

The graduation of a class of four trained nuases was the occasion of a special celebration at St. Luke's Hospital, Bethlehem, Pa., on October 18th. Dr. Arpad G. Gerster, of New York, was present and delivered the address to the class.

Professor William Pepper, provost of the University of Pennsylvania, will deliver the Middleton Goldsmith Lecture before the New York Pathological Society in the hall of the New York Academy of Medicine on Wednesday Evening, January 15, 1890. The subject of the lecture will be "Hepatic Fever."

According to the *American*, Dr. John S. Billings has, with the approval of the Secretary of War and of the Surgeon-General, accepted the position of medical director of the Unive.sity Hospital in Philadelphia, to which he was recently elected. The duties of this new position will be so arranged as not to conflict or interfere with his duties as medical officer of the army at the Surgeon-General's office.

A dispatch from Washington says Medical Director Francis M. Gunnell, ex-surgeon-general of the navy and recently president of the medical examining board, has been detached from the latter duty and will, on the 27th inst. be placed on the retired list of the navy, on account of age. This will cause the promotion of Medical Inspector Edward S. Bogert, Surgeon Geo. A. Brush and Assistant Surgeon John Hancock Hall.

Owing to increased demand, severa back numbers of the JOURNAL have been exhausted. Subscribers, exchanges and others would confer a great favor on the proprietors by sending

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" " " 22,
" " " 26.

For good, clean copies ten cents per number will be given if the request be made with the JOURNAL.

The University of Pennsylvania has formed a "University Press Publishing Company." It will publish at least six journals. In addition to the two now issued under the auspices of departments, the *University Medical Magazine* and the *Political Law Series*, the new journals will be the *University Magazine* (literary), the *University Legal Magazine*, the *University Veterinary Magazine*, the *University Biological Magazine*, the *University Psychological Magazine* and the *University Hygienic Magazine*. At least four of these publications will appear by January 1, when the new organization will begin operations.

Original Articles.

SOME RECENT CASES OF ABDOMINAL SURGERY.

BY RANDOLPH WINSLOW, M. A., M. D.

Professor of Surgery Woman's Medical College of Baltimore.

Abdominal surgery is an interesting subject to medical and surgical practitioners alike, as it illustrates perhaps better than anything else in the domain of medicine, what can be accomplished by a bold and yet conservative procedure. To one who has not paid attention to this branch of surgery it may seem contradictory to speak of abdominal section as being conservative, but such is nevertheless the case. It is certainly more conservative to remove an ovarian tumor and thereby save a life than to allow a patient to die for lack of such an operation. For many years the medical profession has recognized the propriety of removing ovarian growths, so that at this time there are but few physicians who would not recommend their patients to submit to ovariotomy in the case of a large ovarian cystoma. Some, however, might demur to subject their patients to the dangers of abdominal section in the case of small tumors, and still it is the part of conservatism to remove these as early as possible whilst they are small and free from adhesions to surrounding parts. The wonderful success of the ovariotomists has caused attention to be directed to other abdominal and pelvic affections, so that at the present time it is probable that more laparotomies are performed for other diseases than for the removal of ovarian tumors, whilst in many cases the abdomen is opened for the purpose of exploring the peritoneal cavities and thereby establishing a diagnosis. That which takes medicine from the realm of doubt to that of assurance is entitled to be considered conservative and this is effected by laparotomy in very many instances. During the past summer I have had occasion to perform laparotomy five times for various affections of the female pelvic organs, to the details of which I now invite your attention.

Case I.—*Double Pyosalpinx and Pelvic Abscess. Laparotomy. Recovery.*–Miss M., age 29, has suffered more or less for ten years with pelvic distress. About a year ago had an acute attack of so-called "pelvic cellulitis," from which she slowly recovered. In March, 1889, was again taken with severe pelvic pain, difficulty in urination, requiring the use of the catheter, tenderness, etc. She was attended by my brother, Dr. John Winslow, for some weeks, by whose invitation I was called in consultation in April of this year. I found her a well formed, quite stout woman; bed-ridden; the least jar causing pain. She is single and has had no children, and there is no history of abortion or gonorrhœa, though these exciting causes cannot be eliminated positively.

A bimanual examination under chloroform revealed a hard mass on the left side, pressing on the bladder, whilst on the right side a sausage-shaped mass was discovered which felt like small intestine. Diagnosis, pyosalpinx. Operation on May 5th, 1889, at a private hospital. Ether narcosis. The belly had been shaved and disinfected over night, as follows: After a good scrubbing with soap and water it was washed off with ether and then well washed with bichloride 1-1000. The instruments, sutures and ligatures had been boiled and the sponges carefully rendered aseptic with sublimate solution. Simple boiled water was used for irrigation of the cavity. No difficulty was experienced in opening the abdomen. The pelvis was blocked up with an inflammatory mass on the left side, whilst a large pus tube, which proved to be the left Fallopian tube, was found upon the right side. After some difficulty the inflammatory mass was separated from the pelvic walls, during which an abscess which was situated between the mass and the bladder was opened, allowing a large quantity of foul pus to flood the pelvis and peritoneal cavity. The pelvis was immediately flushed with hot boiled water, under which the free hæmorrhage promptly

ceased. The mass, consisting of a large ovarian abscess and the left tube, was freed from adhesions and ligated through the left angle of the uterus on account of the extreme friability of the tissues at the junction of the tube and uterus. The right tube and ovary were also removed, the tube containing pus, though in no large quantity. This tube was also adherent to the pelvis by its fimbriated extremity. The patient became quite collapsed and the operation had to be finished rather rapidly. After flushing the cavity again with hot boiled water, a glass drainage tube was introduced at the lower angle of the wound, the peritoneum sutured separately with catgut and the soft parts with silk. A rope of absorbent cotton was placed in the glass drainage tube to act as a capillary drain. Iodoform and bichloride gauze dressings to the wound. The patient being in considerable shock, hot bottles and blankets were placed about her and whiskey administered hypodermically. There was but little subsequent vomiting and the pain was not excessive. She was allowed nothing to eat except a little cracked ice until flatus passed. I will not narrate in detail the variations which presented themselves, suffice to say that the highest temperature occurred on the evening of the next day when the thermometer indicated 101°, rapidly falling below 100°, the pulse also diminished in frequency. On the day succeeding that of the operation the urine became bloody and was the precursor of a violent cystitis. A half-ounce of bloody serum was removed from the tube on the second day, rapidly decreasing in quantity until the fifth day, when, as all discharge had ceased, the drainage tube was removed. On the 6th day urine came through the abdominal wound, showing a perforation of the bladder. This perforation was due to sloughing of the bladder walls and not to direct injury during the operation. It is probable that the abscess which was opened into the peritoneal cavity would have broken into the bladder. Owing to the cystitis which was present an attempt was made to drain the bladder, but this caused so much irritation that the catheter had to be removed. Fluid extract of pichi was given in half teaspoonful doses three times daily and the bladder was washed out daily first with a weak sublimate solution, later with a solution of boracic acid. Under this treatment the cystitis subsided and in a week the urine ceased to flow through the abdominal wound and the opening soon closed. She sat up in two weeks and was discharged in three weeks with her wounds healed, cystitis cured and pain gone. This case, which was complicated with such a serious accident as a urinary fistula, terminated happily, and I hope it may serve to encourage some other operator who may be unfortunate enough to have a like mishap. The woman has never menstruated since and is now free from pelvic pain but is suffering from the flushes and and other nervous phenomena incident to the menopause.

Case II.—*Salpingitis with Hydrosalpinx. Laparotomy. Recovery.*—M. R., white, aged 34 years, one child 2½ years old. She is a well developed woman who has had pelvic distress since the birth of her baby. The pain is especially severe on the left side. She is essentially bed-ridden and has been obliged to seek admission to a hospital on account of her inability to work. The previous diagnosis had been "pelvic cellutitis." Examination was painful, hence an anæsthetic was given. Not much pelvic deposit could be felt, but the left tube seemed to be enlarged.

Diagnosis, Salpingitis. An operation was proposed and accepted. As this was the first laparotomy which had ever been performed at Bay View, as far as I am aware, great apprehension was felt as to the result, hence great care was taken to prepare an operating room which should be as free from germs as possible. A room, not in general use as a ward, was whitewashed with two coats, and the floor and wood-work carefully scrubbed with bichloride solution. Every thing was made clean. The patient was subjected to the same antiseptic preparations as have been described in the previous case and the operation was appointed for July 22nd. The abdomen was opened by an incision two and

a-half inches in length, two fingers inserted and the tubes found bound down and inflamed. After some difficulty the right tube was detached and brought up. This was about the size of the little finger, having at the end a bulbous cyst, which did not communicate with the canal of the tube. On ths left side the tube was very red with its fimbriated extremity, villous and fungous looking; some fluid was also within this tube. The ovary was normal. The broad ligaments were transfixed and tied in two halves. I Irrigated pelvic cavity with hot boiled water and closed abdominal wound in the usual way. There was no shock and no nausea or vomiting and not much pain followed. Flatus passed per anum within 48 hours and a metrostaxis occurred during the few days succeeding the operation. The sutures were removed on the eleventh day, the union being perfect. She was given no medicine what ever. The highest temperature was reached on the evening of the next day, 100°, the greatest frequency of the pulse was 96. In this case the right ovary was not found and she has had her menses several times since. She experienced relief from the pelvic distress for awhile but is again complaining of abdominal pain which I believe to be pure hysteria.

Case III.—*Hydrosalpinx and Salpingitis, with Cysts of the Broad Ligament. Laparotomy. Recovery.*—M. S., white, age 24, native of Virginia, unmarried, has had one child. Complains of pain on both sides of pelvis, which she has had for three months, causing her to be almost bed-ridden. Is very tender over the ovaries. Under ether the right tube and ovary could not be felt but the left could. After careful inquiries I found that she did suffer and that her suffering was not put on, hence I consented to perform laparotomy for diagnostic purposes, to be followed by removal of the tubes or ovaries if they should be diseased. Operation performed August 3rd, 1889. The patient had been prepared for operation in a similar manner to the preceding cases.

Ether narcosis. The incision went through the left rectus muscle. The peritoneum was opened and two fingers introduced when the right tube and broad ligament was found to be enlarged, adherent and covered with fibrin. With difficulty they were brought up and doubly ligated. The tube was large enough to introduce the thumb and filled with fluid; there were also numerous cysts of the broad ligament. The left tube was inflamed, its fimbriated extremity much everted and the ovary small. These were tied and cut off, the pelvic cavity thoroughly flushed with hot water and the wound closed in the usual manner. No shock at all. The woman suffered some subsequently and was very restless, requiring anodynes. Owing to her interference with the dressings they had to be renewed on the fourth day. The case pursued an almost afebrile course on the morning of the third day, the temperature being normal. The sutures were removed on the twelfth day when the union was found to be perfect. She left hospital on September 18th and I have not heard from her since.

(*To be continued.*)

THE SANITARY CONDITION OF HEALTH RESORTS; WITH SOME PERTINENT FACTS ABOUT ATLANTIC CITY.

BY BOARDMAN REED, M. D.
ATLANTIC CITY, N. J.

Of course health resorts should be in perfect condition. Like Cæsar's wife they should be above suspicion. But unfortunately, they are not always so. Places in the country which are crowded every summer with people from the cities are often full of malaria. The water offered visitors to drink in country districts is usually drawn from old wells, and these not infrequently have become contaminated by drainage from the inevitable sinks or cesspools that are always found close by. In this way typhoid fever may easily be produced.

Many seaside resorts have no water

supply except cisterns, and the always polluted surface water obtained from shallow wells in the sand. Drainage is particulary difficult on the New Jersey beaches from the flatness of the surface affording no fall for sewers, and from the want usually of any receptacle other than the ocean into which to discharge the sewage. The consequence of this has been that until very recently none of them has been properly drained. Now however, several of them, including especially, Atlantic City, have managed by the use of pumping stations to secure perfectly efficient underground sewerage.

At the resort just mentioned, the sewage is also filtered, and thus rendered comparatively innocuous before being discharged into the bay in the rear of the town. It is so important a matter for physicians in the large cities to know definitely the sanitary condition of the places to which their patients are sent, that it would be well if committees were delegated by the medical societies to inquire into the matter.

A committee including at least one physician, fully acquainted with recent improvements in sanitation could by a moderate expenditure of time and money ascertain with exactness, and report the condition of the dozen or so principal resorts along the New England and New Jersey coasts. The leading places in in the mountains, and at the Springs where invalids most congregate, should also be similarly investigated. Physicians certainly owe it to such of their patients as require a change of air, to acquaint themselves accurately concerning the localities recommended by them. Such investigations would often avoid the risk of letting patients go to insalubrious localities. It would also prevent the injustice of condemning on hearsay evidence, resorts where every effort has been made to meet the requirements of modern sanitary science. In the absence of such systematic investigation, physicians having definite knowledge concerning any of these places, are in duty bound to publish it.

The writer having resided for twelve years past in Atlantic City, and knowing something of the general subject of sanitation from a long experience as member of a Health Board, is in a position to report certain facts of importance concerning this place.

Atlantic City had no underground sewerage until the year 1885. The first water-works were constructed and excellent water from the mainland introduced in 1882. Still more recently several artesian wells have been sunk, and from them water wholly free from organic impurities, and with enough of mineral ingredients—especially the salts of sodium—to render it tonic, diuretic and alterative to a wholesome extent, is now also served to hotels and dwellings wherever desired.

The sewerage system which was fully described by the writer in an article contributed to the *Philadelphia Medical Times* of April 3rd. 1886 ("Improved Sewerage and Sewage Utilization at Atlantic City.") is the one of the best on the coast anywhere, and is working with entire satisfaction.

The terra-cotta pipes orignally used, have been substituted largely by iron ones which are found better especially where laid very far below the surface.

Now, a few words as to the practical results of underground drainage, and the introduction of an abundance of pure water in Atlantic City. Even before the era of these improvements, the best hotels, and many of the second-rate ones, under the watchful eyes of the Board of Health, employed such extraodinary precautions that even sporadic cases of diseases attributable to bad sanitation were exceedingly rare—indeed never seen in the better class houses. Their cisterns were kept white-washed and frequently cleaned. In addition the water was often filtered before being used for drinking purposes. Privy vaults were emptied at short intervals, and were ventilated by flues directly connected with the kitchen chimneys. Occasional cases of typhoid were seen in the poorer parts of the town, and diarrhea due to impure drinking water was common in the cheaper houses where less care was taken.

Since the sanitary improvements were

introduced, no cases of typhoid are ever heard of at the hotels, and notwithstanding the excessive bathing, the bad custom of eating oysters throughout the entire summer, even when they are "in the milk," and innumerable other unhygienic practices, diarrhea and dysentery are rare, and when they do occur, are far milder and more manageable than formerly.

Outside the hotels, the healthfulness of the town may best be shown by a brief statement of the writer's personal experience in attending the families of visitors who occupy cottages.

Last summer there were upwards of one hundred such families who depended upon me as their physician. Upon some twenty of them I made no visits except social ones, there being no case of illness in them during the entire season. To each of the others excluding a few to be referred to particularly hereafter, I made, on the average, two or three visits only, the cause being for the most part, indigestion in children, and surgical or obstetrical affections. In four of the families there were cases of chronic Bright's disease, three of them in the last stages, sent here to avoid the heat of the large cities. These all improved for a time and were much more comfortable than at home. In each of two of these one hundred cottage families there was a case of typhoid fever, both of which manifestly originated outside of Atlantic City, and probably in Philadelphia, where it was very prevalent last summer.

One of the patients, an adult son of the gentleman occupying the cottage, spent the summer in Philadelphia, Cape May, and elsewhere, but came down on a visit to his parents early in September and was taken sick within a week thereafter. The remainder of the family, a very large one, enjoyed remarkably good health here all summer, and required only two professional visits in all.

The other typhoid case was in the person of a young gentleman who spent his nights here in a particularly salubrious suburb, and in a house provided with perfect sewerage and city water, while his days were passed at his business place in Philadelphia. There were no other cases in the neighborhood, and the inference is unavoidable that the poison germs were imbibed in Philadelphia.

Sometimes the writer has heard patients express themselves as afraid to remain after August 1st, because their physicians had cautioned them after that time, there was danger of malaria in Atlantic City. Apropos of this, it is only just to say that the writer has never known a case of any kind of malarial affection to arise in the place, and for seven or eight years past, has not seen here, a single case of remittent or intermittent fever from anywhere.

In an article published in the *Philadelphia Medical and Surgical Reporter* of February 24, 1883, I discussed the subject of malaria, and cited Prof. A. L. Loomis as authority for the statement that seashore towns like Atlantic City, where there is no stream or lake of fresh water to mix with the salt water, are never subject to malaria. My experience emphatically bears this out, and warrants the very positive assertion, that whatever other faults may be charged against Atlantic City or its climate, it is decidedly not a malarious place at any time of the year.

THE AMERICAN ACADEMY OF MEDICINE; ITS OBJECTS; ITS SIGNS OF PROMISE AND ITS OBSTACLES; ITS FIELD OF WORK AND SOME SUGGESTIONS LOOKING TO AN INCREASE OF ITS EFFICIENCY.*

(*continued from page* 115.)

BY LEARTUS CONNOR, A. B., M. D.,
OF DETROIT, MICH.

Admitting this, and that the medical profession of the United States contains three thousand A. B.'s, and it will follow that the so-called irregulars take from this number one hundred and eighty persons. Our field of possible members is now reduced to two thousand

*Address of the President, delivered at the Annual Meeting, Chicago, Ill., November 13, 1889.

eight hundred and twenty. But further reduction must be made. A considerable number are disinclined to work, others are in bad repute among their neighbors so that it is quite safe to say that for those and allied reasons one thousand more are removed from our field. This leaves one thousand eight hundred and twenty from which we may hope to increase our ranks. At present we include about five hundred, leaving over thirteen hundred more to be gathered into the fold.

Incidentally I desire to call attention to the fact that but about six per cent. of the holders of the degree of Bachelor of Art are homœopaths, while about ninety-four per cent are regulars. It would scarcely seem the part of wisdom to enact any change in our constitution offensive to the ninety-four per cent. in the hope of pleasing the six per cent. The same facts seem to show that the best prophylactic against quackery of any sort is the rigid requirement of the degree of A. B. from every person who proposes to begin the study of medicine.

Our membership must be recruited from the field already described, but our materials for work and our aids must be largely derived from the rest of the profession, from medical institutions, from State boards of examiners, from medical societies, and from the laity. We shall in the end utterly fail of our purpose unless we are able to convince the laity of the correctness of our position and persuade it to support such laws and social customs as shall render it extremely difficult if not impossible for those not possessing a good preliminary education to receive a license to practise medicine, or having obtained one to secure sufficient patronage to render their practice adequately remunerative. The intricate problems connected with our work demand for their solution a high degree of such education of the laity as will enable it to comprehend the requirements needful for the attainment of proper professional skill. When once this is accomplished all physicians will want to become members of the American Academy of Medicine, all medical colleges will emulate each other in their haste to comply with its standard, because, forsooth, it will have on its side the sovereigns of the land—the laity.

Thus far in the history of the Academy efforts have been largely directed to the securing of a larger membership. The unconscious thought has been that we need first to enlist our soldiers and train them for the conflict. Indirectly through the medical journals and private means others have been reached and interested.

The method introduced last year by Dr. Gerrish for the enlarging of our membership is familiar to you all. Its success renders its continuance desirable until its possibilities have been exhausted. By it we shall be enabled to add to our list the doctors just entering the profession. If perfectly qualified in all other respects I see no reason why we should not admit gentlemen who have just completed their college work. But even on our present plan a considerable number are yearly entitled to enter the lists as candidates for membership. It is to be hoped that the method, by its repetition, will at last secure many who thus far have refused to consider an application for membership. I suggest that the committee on new members begin its work early in the year so that their results may be gathered in before the annual meeting. Another method, suggested by Dr. Sibbet, works from the stand-point of the literary colleges. A Fellow of the Association secures a list of the living alumni of his college, with their addresses and occupations. The physicians, by the aid of Polk's directory, are sorted into the regular and and irregular. To the regular he writes, asking each one to consider the subject of applying for membership in the Academy. If for any reason he is in doubt as to an individual's standing, he ascertains it by the readiest channel and acts according to information received. As a fellow alumnus he will often secure the attention of individuals when all other persons would fail.

Another method works from the standpoint of the State or local society. The names of those eligible can be obtained by circular and then the indi-

viduals solicited as already indicated. Other methods have been devisod by the committee on new members and additional ones will be suggested as they continue the prosecution of the work. By the combination of all these and pushing them with persistent effort it would seem that at a not distant day there should be gathered into the Academy the majority of those eligible for membership.

This end being attained it will be possible to determine what proportion of the advanced work in the profession is done by those possessing the degree of A. B., what is their relative standing in the profession and among the intelligent laity. With these data at hand it will be easy to demonstrate the difference between the possession by a doctor of a good preliminary education or a poor one. Should such a comparison unmistakably show that the advantage was largely upon the side of those possessing the degree of A. B. the lesson to the, medical profession, medical colleges and the laity would be a most important one. The effects of such a lesson thoroughly taught would be far-reaching in all respects which time forbids me to even indicate.

Of additional methods by which the Academy could effectively preach its gospel to the profession and the people I cannot even speak. It will certainly uphold all legal enactments tending to require of students a higher preliminary training. It will encourage all medical societies local or national, general or special in their endeavors to advance medical art and science and to further the higher training of medical students and medical men. It will give the right hand of fellowship to all health boards who directly or indirectly teach the people that a high grade of knowledge and special training is called for by one who would practise medicine in accord with his time. It will sustain all medical institutions that dare to maintain an honest efficient preliminary examination. In short, it will seek to learn the ways by which the gospel of preliminary education can be effectively taught and made to bear good fruit. With an organization, including the majority of college bred men in the profession, all earnestly promoting the best interests of general culture, it must be that the American Academy of Medicine shall become an increasing power in the land.

During the year I have carefully studied the mechanism of the Academy and duty compels me to frankly state the results.

The amendments before the Academy were fully discussed last year by President Gerrish and are to be reported upon by a special committee at this meeting. Respecting those relating to modifications of the terms of membership it seems to me better to leave them in abeyance until we have fully worked our present field. The regulation for admitting members are quite strict and tedious enough. It cannot be that the Academy will suffer harm from the admission of gentlemen who have all the present requirements and are endorsed by a Fellow of this Academy. The trouble is not with our machinery in these regards but rather in the lack of energy and forces moving this machinery.

The amendment relating to the admission of so-called irregulars seems to me ill-timed. I have already shown that of all the A. B.'s in the United States there is not more than six per cent. irregular while ninety-four per cent. are regular. Why should we do anything to offend the ninety-four per cent. in the hope of attracting the six per cent. To my mind this settles the question fairly in so far as we are concerned. Ethical questions affecting the entire profession should be relegated to societies adopted for this purpose. When such societies representing the majority of the medical profession of the United States shall, after fair and full discussion, decide to change their ethical rules, then it will be in order for us to decide whether or not we will accept their decision. It seems to me that the wisest method of disposing of this amendment would be its indefinite postponement. All our energies are needed fo the gathering together of our forces and using them for the advancement of preliminary education.

In correspondence with members of

the Academy and other intelligent individuals in the profession I have been impressed by the general ignorance respecting the Academy, its nature, its aims, its constitution, its membership, its time and place of meeting, what it was trying to do and what it proposed for the future. In fact my own knowledge of the Academy has been acquired through great tribulation and I fear I am still densely ignorant. However ignorant I was, others were still more so, and together we have floundered along as best we could.

The lesson from this state of things is obvious. The Academy should so make itself known to the profession that all essential facts respecting it should be in such shape that any physician could readily obtain them. Thus far all agree, but when we ask how shall this be done there is ground for difference of opinion.

In accordance with the suggestion of Dr. Gerrish last year a committee was appointed to ascertain the practicability of publishing a full volume of transactions. Possibly the report of this committee will solve our difficulty and provide for our wants. He also suggested, and the suggestion was adopted by the Academy, that a list of Fellows, with brief notes of their history, be collected and published shortly after this meeting. I understand that this work is in such shape as to be speedily issued from the press. Possibly these measures will suffice, certainly they will be a marked advance upon the past. But it strikes me that we ought to make more use of the medical journal. There are two ways of doing this. One is to make the needful arrangements with some existing journal that has a large circulation and is friendly to our organization. The other is to establish a journal of our own. If we chose to utilize the first method arrangements could be made by which the minutes of the meeting could be reprinted and distributed to the members and so each be kept familiar with all that transpired. Doubtless the papers could also be reprinted in a single volume, at small expense, and distributed to the members for permanent keeping. Whatever method is adopted a full account of our meetings, with papers read, should appear at as early date after our meeting as practicable, certainly not later than two months. In any event each paper should be placed in the Secretary's hands immediately after reading so that his work need not be delayed.

The plan of the Academy's establishing its own journal, for the publication of its own transactions and such other material as would promote the objects of the Academy, is worthy of consideration, but not of adoption until all sides have been fully considered. When editor and publisher are found entirely satisfactory and the financial portion of the enterprise fully provided for, then the Academy could make the change. There is no reason why a journal on preliminary education should not find a field of usefulness as well as any journal on any special subject. Its very existence would monthly or quarterly place the Academy and its work prominently before profession. All living questions could be discussed as influencing or influenced by the preliminary training of medical students.

The vigorous prosecution of the work of the Academy calls for money constantly and in not inconsiderable amounts. Its present income is small and uncertain. Its sources of revenue are the initiation fee and the sale of the diplomas. Because we have spent little we have got along, but any considerable branching out of effort to make the Academy a power in the direction of increasing the preliminary requirement of medical students will necessitate some additional source of income.

As I have said, we live in a commercial age, a "*trade* age," a "business age." Money, as well as brains, and persistent energy is necessary for the promotion of reformatory as well as other enterprises. In accord with the age, if the Academy intends to conduct an aggressive campaign in behalf of preliminary education it must have more cash. Hence it seems to me worthy of considering the question of so changing our law as to make annual dues imperative. It will be said that such a change would drive from us many members.

Doubtless this is true, but after all it does not appear that non-fighting soldiers ever won a hardly contested battle. On the other hand it is certain that large numbers would be attracted by seeing that the Academy was aggressively pushing its principles to their logical application, so that our loss would be more than compensated by our gain. I present the matter not for immediate action but for such consideration as will enable the Academy to adopt the wisest course, to increase the effectiveness of its work.

The time and place of meeting deserve a moments attention. In general these should be fixed at least for a year in advance. Such fixation would enable each member to plan his work so that without too great sacrifice he might attend the meeting and contribute to its interest.

The fixing of the place and date by the council and fellows will be influenced by their deciding whether it is best to meet in relation to some other larger organization, or to continue as we have in the past to meet without reference to any other body. If as in the past we decide to meet at a time and place distant from other medical meetings, there are obvious advantages for fixing our meeting on the second Wednesday and Thursday in November. At such time all state and national organizations have held their annual gatherings, so that the Academy cannot conflict with any. On the other hand if we decide to meet near the time of meeting of some other large organization and at the same place, we have a large number of societies to choose from. There are all the state bi-state, tri-state, quatuor-state, quinque-state, all the various river valley medical societies, the several national social societies, separate or combined in the triennial congress, and lastly the American Medical Association. It is not proposed for the Academy to blend its organization with any or all of these bodies. It is simply suggested that the Academy meet in the same city as one of them and end its sessions before the other society begins. Held in this manner I see no valid objection to the meeting before any one of each of these. But on the whole I am inclined to think that the gain to the cause of preliminary education would be greater by fixing our meetings so that they would close before those of the American Medical Association began, and at the same city. Perhaps I will be pardoned for stating briefly the grounds upon which I base this judgement. Since 1874 I have been an active participant in the meetings of the American Medical Association. With it I have visited most of the large cities east of the Missouri river and learned by personal contact the profession of those several cities and adjacent country. I have seen the membership of the Association grow from five hundred to over five thousand. I have seen it adapt itself to the wants of the East, the South, the West and the North to a remarkable degree maintaining a uniform character thoughout, simply that of the American physicians. I have seen its struggle to adjust itself to the changing elements of membership; its conflicts over medical colleges, over medical education; over preliminary education, over ethical differences, over the International Congress; have seen it establish and maintain an excellent medical journal in spite of powerful and unscrupulous opposition. As I look back over its forty years of history I find written on every page a sturdy devotion to steady professional advancement, and a constant preaching of our doctrine of preliminary education. At its first inception I was placed upon the Board of Trustees of the Journal and have been kept there ever since. This has compelled me to most closely study the Association, that for better or worse the Journal might be made to represent its wishes. In this journal the effects of a lack of preliminary training can be studied with advantage. Hence it was necessary for the Trustees of the Journal and all connected with it, and all the better men in the Association to seek for higher grade of preliminary requirement. Frankly I confess that oftimes I became discouraged at the obstructions of ignorance and selfishness, but the work goes on and will go on because there still remains enough leaven in the Association for its preservation.

Some of the advantages to the cause of preliminary education by the Acad-

emy meeting just previous to the Association meetings are:

1. Those who desired to attend both meetings would be saved the expense of one trip, the loss of time in making such trip, the difficulties in making arrangements for two breaks in actual practice.

2. Some who otherwise could afford to attend but one meeting would be persuaded to attend both, so that either the Academy or the Association would gain in attendance.

3. Members of the Academy to some extent would remain to the sessions of the Association, and carry with them to the Association some of the enthusiasm for preliminary education they had absorbed at the Academy meeting. Not a few members of the Association would come early, attend the Academy meetings, and also be filled with the ideas forcibly impressed upon their minds.

4. Both Academy and Association would be more widely advertised, in both medical and secular journals. As does not happen now, the members of the Academy would be brought more fully before the intelligent people in the cities in which the meetings were held, and so the doctrine of preliminary education be preached to a larger audience.

5. We should expect to persuade members of the Association eligible to membership in the Academy, to join in our work. Misunderstandings could be removed by personal explanation to the benefit of all concerned.

What objections are there to such an arrangement?

Possibly some enemies of the Association would be offended. And yet as the Academy would have no connection with the Association other than such as might arise from the members intermingling, it is difficult to understand the reasonableness of the objection. But suppose some were offended, it is more than possible that more would be pleased, and so the Academy be better of in the end.

Another objection lies in the supposed difficulty of obtaining sufficient papers for two such meetings so near each other. It seems to me that owing to the increased stimulus, it would be far easier to secure the needful papers than under present arrangements. The stimulus of an increased audience would rouse greater intellectual effort and so I believe both meetings would reap the benefit of an enlarged intellectual activity.

On the whole I regard the arrangement as affording a splendid opportunity for the Academy to exert an influence on behalf of an increased preliminary education, among the proffession outside of its membership, and upon intelligent people thoughout wide areas. To my mind if it be right for the Academy to exist and hold its present doctrines then it is right for it to utilize every opportunity or agency by which these doctrines may be scattered and made a living reality among all our people. When we shall have convinced others that we are in dead earnest our influence will be enlarged an hundred fold. Enemies will arise but friends will also spring up to meet them and we shall calmly perform our work for our profession, for medical science and for humanity.

Since our last meeting the Academy has lost several of its members by their journeying to their country which persistently receives and never returns its visitors. Preëminent among these, was Dr. J. L. Cabell, for fifty-two years a teacher in the University of Virginia. During this entire period he was known as the typical gentleman of culture and refinement, the teacher of living medicine, able to inspire his pupils with that enthusiasm imperative for attaining the best results; the learned scholar who from time to time gave of his labor for the benefit of his fellows, freely, fully and without price; the professor whose counsels aided in establishing and maintaining a sound system of training for medical students, a system peculiar to the University of Virginia; a sanitarian high in the counsel of his fellows; not to particularize further a man typical of the best development of his race. Like a ripe sheaf he was gathered to his fathers when his life had been fully rounded out. Last January I wrote, asking him to assume the duties of chairman of the committee on new members. I knew that his name would carry great weight among both old and young, in all

groups of physicians in every portion of the land. Almost by return mail I received a long letter from him, explaining in detail that for some years he had been compelled to forgoe the pleasure of engaging in such work, though often solicited by gentlemen whom he specifically mentioned. He said that he wrote thus in detail lest the Academy might think that he desired to shirk any duty to the profession he loved so well, or to the Academy whose principle had been his life long standard. Had his physical condition admitted, he said this service to the Academy would have been performed with the greatest delight. As President of the Academy, I responded to this touching letter in terms such as would have sprung from the heart of any member. To this he replied on February 1, thus: "I have this moment received your very kind letter of the 29th ult., and I cannot resist the impulse to tell you how much gratified and touched I am by your generous expressions of sympathy and regard, not to speak of your too flattering estimate of the little work I have done with a view to the elevation of the standard of medical education, and to the futherance of all enterprise looking to the improvement of our common profession."

Dr. Stephen Weeks, of Orange, N. J. one of the early members of the Academy, and Dr. William Elmer, of Brighton, N. J., have also passed to the unknown shores. The first was born in 1813, and theother in 1814. Both came of stock distinguished for its culture, and largely impregnated with the pursuit of medicine. Dr. Elmer was formerly a Vice-President of the Academy. We also note the deaths of Dr. Theodore I. Wing, of Susquehanna, Pa.; Dr. James Foultes, of Oakland, Cal.; Dr. James Kerr, of York, Pa., and Dr. J. I. Miner, of Wilkesbarre, Pa.

Our meetings are marked with two acts typical of human life. We record the admission into our ranks of members, and and we note the passage of others from our ranks into the land of the majority. We remain between this advancing and retiring column in which narrow space we complete our work. In full view of these, let us ponder the problems before us, decide upon our line of action, and joyfully march to the conflict. As physicians, we are bound to cherish and keep bright the golden thread of professional truth, honor, and progress, which connects us with the portion of our army already passed beyond our ken, that when we join it, a still brighter thread will be left to guide those following us. As men we will ever exhibit a manly independent and kindly affection toward all, so that when our turn comes to join the departed throng we shall do so with the consciousness that we have done what we could for the uplifting of our fellows and the ennobling of our race.

Society Reports.

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

Semi-Annual Meeting held at Court Hall, Hagerstown, Md., November 12 and 13, 1889.

Dr. A. Friedenwald, President, in the chair, Dr. Wm. B. Canfield, Secretary.

WEDNESDAY, NOV. 13TH, SECOND DAY.

(*continued from page* 118.)

Dr. Randolph Winslow, Baltimore, read a paper entitled

REMARKS ON SOME RECENT CASES OF ABDOMINAL SURGERY.

(*See page* 121.)

Dr. Thomas A. Ashby, Baltimore then read a paper entitled

THE ORIGIN AND TREATMENT OF PUS ACCUMULATIONS IN THE FEMALE PELVIS.

(*See page* 61.)

In the

DISCUSSION

which followed

Dr. R. Winslow, Baltimore, remarked that he and Dr. Ashby did not differ materially in their views in regard to these inflammatory troubles within the pelvis. He did not deny that there might be a pelvic cellutitis, but he thought it occurred very infrequently. Dr. Jos. Price, of Philadelphia, who has had large experience in abdominal surgery, said that whilst it might be true that the inflammation began in the pelvic cellular tissues in some cases, it had not done so in the cases upon which he had operated, but had always been of tubal origin primarily. In these chronic inflammatory troubles pelvic cellulitis as a distinct affection need not be considered. In regard to pus tubes, Dr. Winslow did not agree with Dr. Ashby that a middle course was the one to pursue, and that after the failure of other methods of treatment the tubes should be removed. The proper time to remove pus tubes is as soon after their discovery as may be practicable, provided the condition of the patient will admit of an operation. The opportunities for drainage are not good as the tube is apt to hang down and drainage through the uterus is not to be expected. A collection of pus in the Fallopian tube should be treated by removal, as thereby the whole disease is enucleated. The cases reported by Dr. Ashby and the first case of Dr. Winslow are sufficient evidence of the necessity of early operation in the cases. In one of Dr. Ashby's cases death resulted, not from the operation, but because it had been delayed too long. In the other a fecal fistula had occurred, which would been avoided if an operation had been performed sooner. In the case reported by himself an urinary fistula complicated the recovery, because the condition had not been recognized sufficiently early.

Dr. J. W. Chambers, Baltimore, was sure that want of cleanliness and gonorrhœa in the male were the two chief sources of pus accumulations in the tubes and cavity. It was a very important operation and every physician should be prepared to do it at any time.

Dr. C. Birnie, Taneytown, Md., asked: If you had an acute pelvic abscess opened by incision or opening spontaneously into the vagina, would you use any form of artificial drainage, and if you did what would you use and how would you secure it? Different gynæcologists, some of them eminent in the profession, recommend various ways, such as stitching the tube to the vagina, a self-retaining tube with a flange, &c.; but in his experience, and particularly in a case now under treatment, none of them were satisfactory, and in pursuance of the advice of W. F. Atlee, of Philadelphia, he had discarded them all and trusted to natural drainage. Dr. Birney differed decidedly from Dr. Chambers when he said " every physician ought to to be prepared to perform laparotomy at any time." A simple ovarian tumor, without any adhesions, was not very difficult to remove, but they were rare, and most laparotomies required a technical skill and knowledge that could only be acquired by practice, and should, if possible, be performed by those best qualified. It had been his misfortune also to lose several cases from lack of intelligent nursing, on which almost as much depended as on the operation. Willing nurses were abundant everywhere, but skillful nurses were scarce in the country. He thought that if any one without experience undertook such a case he would get hot and cold pretty often before he finished.

Dr. A. Friedenwald asked whether it would not have been advisable in the case reported by Dr. Ashby, in which a rectal fistula had been established, to have closed the fistula as one of the steps of the operation.

Dr. T. A. Ashby, Baltimore, in reply to Dr. Friedenwald, said that experience had taught him that such a rectal fistula would heal spontaneously without operation.

Dr. J. McP. Scott, Hagerstown, thought Dr. Birney's question an important one. He thought it was important that only a skilled surgeon should do such an operation.

Dr. C. L. G. Anderson, Hagerstown, said that he thought one way of ward-

ing off the dangers which would threaten woman in some of these cases should each of us go prepared to perform laparotomy would be to prevent the trouble by protecting woman from man, as suggested by Dr. Chambers, or, as man is but the medium of contagion, by protecting her from her own sex.

This could only be brought about by State legislation and was one symptom or evidence why the membership of this Faculty should be so increased as to represent the entire profession in the State and thus become a force in the commonwealth.

Dr. T. A. Ashby, Baltimore, in closing the discussion, said that he did not wish to underestimate the great frequency of salpingitis as a cause of pus accumulations in comparison with the condition of simple pelvic cellulitis, but he could not accept the statement that the latter condition was so infrequent as had been claimed. The difference between the two forms of interior pelvic abscess are shown in their clinical histories. As a general rule pelvic cellulitis is an acute process and terminates favorably if proper drainage is secured. Salpingitis assumes both an acute and chronic type, the pus tube being the result of the more chronic varieties. Whilst operative surgery was largely instrumental in clearing up our knowledge of the pathology of pelvic abscess we have not reached a position which will absolutely warrant the statement that pelvic inflammations invariably begin in the tubal mucous membrane. The ovary itself may be exceptionally the seat of the pus accumulation. The treatment of pus accumulations hinges upon the location of the pus. If proper drainage can be secured without a laparotomy that method should be tried. It is not safe to assume that every case of salpingitis will terminate in a pus tube. Clinic experience will show that large accumulations of pus do take place in the tube and that successful evacuation does occur through the uterus, leading to a cure of the case. He was positive that he had recently seen two cases of this description where drainage occurred spontaneously through the uterine tubal orifice and a complete relief of the symptoms had taken place. These patients may, it is true, have subsequent returns of tubal troubles, but for the present there was decided relief and no indication, in his judgment, for a laparotomy. He would not underestimate the value of laparotomy in the treatment of pus accumulations. It is the only sure and safe method when indications are present. What he insisted upon is the exercise of proper conservatism and the avoidance of undue haste in disregard of a careful study of the case. Delay in operating in the face of indications is more fatal than haste, all things considered. He was convinced that the mortality following laparotomy was in direct ratio to the delay which permitted the process to assume such relations to neighboring tissues as to complicate its removal.

When the pus accumulation establishes faulty routes of drainage, that is through the bowel or bladder, the complication is a most serious one. With a growing experience his confidence in an early removal of pus accumulation by abdominal section was greatly strengthened. He agreed with the remarks of Dr. Birnie to the effect that trained, experienced assistants and favorable surroundings were necessary to the successful performance of abdominal section if mortality statistics are to be regarded.

Dr. George J. Preston, Baltimore, then read a paper entitled

A REVIEW OF HYPNOTISM.

(*to appear later.*)

In the

DISCUSSION

which followed

Dr. Joseph T. Smith, Baltimore, said: The subject which has been brought to our attention by Dr. Preston is one that it is well for us to pass in review at this time. He has gone over the whole ground thoroughly, and we simply rise to say that the conclusions to be drawn are that it should receive no encouragement at our hands. Whatever the theory of the changes it causes in the brain are, certain it is that the functional activities

of the organ are interfered with and most of them suppressed,—an abnormal condition. As we are a body of men whose purpose it is to develop to the fullest extent the bodily powers, we should raise our voice in condemnation of the use of hypnotism in any form. Those who have ample facilities and make a special study of the brain and functional activities may resort to hypnotism to aid them in solving some of the problems which present themselves, but it should be unreservedly left in their hands. We read with much interest a book by Frederik Björnström on this subject in the hope, partly, of finding that some diseased conditions, especially hysteria, its quieting influence might be of benefit, but without success. In so far as we now know no good results in diseased conditions have been wrought by hypnotism. Indeed, much harm has resulted and time and money wasted for a something which should be relegated to the realm of witchcraft and sorcery where it properly belongs. All our influence, we believe, should be exerted to banish all forms of sorcery and superstition which, even in this enlightened day and age, are far too prevalent.

Dr. S. T. Earle, Baltimore, then read a paper on

THE PRINCIPAL METHODS OF TREATING HÆMORRHOIDS.

Dr. Wm. H. Perkins, Hancock, Md., thought an operation should be indulged in rarely, as other means were safer and far more satisfactory in their results. Regulation of the bowels, cleanliness and the free use of hot water hadd one much in his hands.

Dr. S. T. Earle, Baltimore, had had no very serious results from operations and thought that in selected cases they should be done.

SUSPENSION IN LOCOMOTOR ATAXY.

At the thirteenth Congress of the Italian Medical Association, held at Padua, from the 22nd to 27th September, Dr. G. Bianchetti related his experience of the suspension treatment in tabes dorsalis and other nervous diseases. Eight ataxic patients, of whom six were men and two women, were treated by suspension alone. In three of these cases the treatment had to be discontinued, owing to the fact that it produced amaurosis, in two of them after five, and in the other after seven, suspensions, none of which exceeded two minutes. Visual power was distinctly impaired after each suspension. In four of the remaining five cases, on the other hand, "marvellous results" were obtained. The number of suspensions varied from twenty to fifty-two. Lightning pains, gastric and vesical crises, motor incoördination, and impotence all disappeared, and the patients gained in weight from three to eight pounds. The vertebral column was carefully measured during suspension, and was found to be lengthened from two and a-half to four centimètres. Dr. Bianchetti also tried suspension in some cases of spastic paralysis, paralysis agitans, impotence caused by masturbation, and incipient progressive paralysis, but without any effect. Dr. Marina gave the results of his experience in twenty-one cases of tabes, besides a few of paralysis agitans, etc. In one half of the ataxic cases, suspension was followed by marked relief of the symptoms, but in the remainder the pains were made worse. He confirmed Dr. Bianchetti's observation as to the bad effect produced by suspension on the optic nerve. On the other hand, in one of his cases it seemed to have a good effect on the auditory nerve. Dr. Marina noticed that better effects were produced by suspension in persons of small stature and light weight. In connection with Dr. Althaus's recent statement as to the restoration of the patellar reflex (*Journal*, October 19th, p. 872), it is interesting to note that in one of Dr. Marina's cases, after fifty suspensions, the knee-jerk could, after five or six taps, be induced more violently than in the normal state, although before the treatment it was quite inert. In the non-tabic cases, suspension had no effect whatever. It may be added that a case of locomotor ataxy in which death was caused by suspension was not long ago reported in an Italian medical journal.—*Brit. Med. Journal.*

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BALTIMORE, DECEMBER 14, 1889.

Editorial.

THE VALUE OF THE LIBRARY OF THE FACULTY TO ITS MEMBERS.

At this time, when the advantages of membership in the Medical and Chirurgical Faculty are being brought so earnestly to the attention of the physicians of Maryland, and when efforts are being made to adapt the character of its meetings to the needs of city and country practitioners, a few words in regard to one of its chief attractions—its Library—will not be out of place.

More than half a century ago this library was established under the auspices of a public-spirited physician of Baltimore, Dr. Samuel Baker.

In 1858, when the Faculty found its first home on Calvert Street, Dr. George W. Miltenberger made an earnest appeal to its members for contributions to the library, and was generously responded to.

In 1876, the library was moved to Fayette Street, and, at the instance of Dr. C. H. Jones, one-half of the income of the Faculty was devoted to the care of the valuable books which had accumulated in it, and to subscriptions to leading medical journals. At present it is rapidly outgrowing its quarters in the Athenæum Building, corner Saratoga and St. Paul Streets, its annual increase being some 400 volumes. At the last report, April 1889, the library contained 6.500 volumes and 3.700 pamphlets. Seventy-seven journals, including the best medical journals of America and Germany, France and Great Britain, along with the best periodical epitomes of monthly and annual progress in medicine, are received, indexed, and preserved for the use of city and country members. The library is open daily, except Sunday and legal hollidays, from mid-day until 7 P.M. As far as possible the best books of the period are secured especially such as are beyond the reach of the ordinary practitioner.

Books and journals, after they have been for a month on the tables, may be taken home by the city and country members and kept for several weeks. Members living at a distance may have them sent to their places of residence. Books or journals not in this library are obtained by the librarian from Washington for perusal *at the library*, the reader paying only for expressage both ways. The library is now well heated, and the ilbrarian will take pleasure in aiding members

in literary research, or in giving further information to physicians who desire to know more of its attractions. Many of the members of the Faculty realize that the use of the library alone is worth to them the membership fee of the Faculty.

PROGRESS AT THE UNIVERSITY OF MARYLAND.

Between the powerful stimulus of the Johns Hopkins Hospital and the stringent laws of neighboring States and the impending law in this State, the University of Maryland is about to put into effect some new arrangements both in the medical school and hospital which will be greatly to her credit, even if we suppose that the Faculty was forced to it by the facts above stated. The rapid increase of badly educated physicians has troubled the medical schools least of all; the people, however, grumbled and rebelled, but all in vain. Then all over the country this rumble of discontent has culminated in many States in a down-right outcry against the low grade of medical education and enough influence has been brought to bear on these legislatures to enact and put into action good laws raising this standard. To show what incomplete preliminary training most physicians have had, it is only necessary to read in the past three issues of this JOURNAL the carefully prepared and accurate address of Dr. Leartus Connor before the American Academy of Medicine.

The University of Maryland then, which has made no material advance in a decade or more, is about to lengthen its course and advance its standard. In order to graduate, the applicant must have 75 per cent. as a general average on all branches. If the grade falls below 33 in any one branch although the general average may be 75, he is conditioned and has to pass a satisfactory examination in the defective branch in the October examination. Formerly a grade of 60 passed a student, so that a dead failure on two or three branches did not necessarily keep him from passing as long as he did well in the others. A preliminary examination on the important English branches or a degree of A. B., or satisfactory evidence of having passed this preliminary examination, is required of all students before entering. These rules will go into effect at once and as they will of necessity cut off many students and thereby diminish the income of the Faculty, the latter certainly does deserve some credit even at this late date.

It is proposed also to make the three-year course compulsory, decrease the number of didactic lectures, increase the number of clinical lectures, lengthen the dispensary hours, so that the different departments will be opened at different hours throughout the day and thus students may spend more time there taking special courses and examining cases.

In the hospital, the Sisters of Mercy, good women, but untrained as nurses, will leave on December 15th, and a non-sectarian but trained matron and a trained head-nurse will take charge at once, the latter having under her a corps of probationers thus forming the beginning of a training school for nurses. These probationers must comply with certain rules, as in most training schools, and will receive $10 a month in addition to their training.

The next important step which has not been announced, will be the enlarging and remodeling of the hospital. At

present one of the Faculty will be the financial manager of the hospital.

There are undoubtedly other good schools in the city, and whether they will see fit to take these steps in advance now and get the credit of raising the general medical standard, or wait until our inactive medical laws go into force and compel them to do it remains to be seen.

Most readers of the JOURNAL are alumni of the University and they will hail with delight the proposed advances to be made by their alma mater,

Reviews, Books and Pamphlets.

A Text-Book of Practical Medicine, Designed for the Use of Students and Practitioners of Medicine. By Alfred L. Loomis, M. D., LL. D., etc. Eighth edition. Revised and Enlarged with 215 Illustrations. New York: Wm. Wood & Co, 1889. Pp. 1147. Price in Cloth, $6, in Leather, $7.

A new edition of a practice of medicine so eminently practical in its character, and up to date is a valuable addition to the numerous books already existing on the same subect. In its opening it is modelled after the German works on "Pathologie und Therapie." These opening sections treat clearly and concisely of Inflammation, Degeneration and Bacteriology, the latter part of which is illustrated by a colored plate of micro-organisms. Many of the diseases, burdened with a variety of names, have these names given at the head of chapters. The chapters on phthisis, which has been classed as an infectious disease, and on heart troubles, are undoubtedly the best, although the liver and kidney have received a large share of attention. The treatment in every part is much better and more satisfactorily given than in similar works. Excellent illustrations and temperature charts are scattered throughout the text. The nervous system might have been more elaborated. The book itself is a little unwieldy in size, but it should be in every physician's library.

A *Treatise on Diseases of the Nose and Throat, in Two Volumes.* By Francke Huntington Bosworth, A. M., M. D., Professor of Diseases of the Throat in Bellevue Hospital Medical College, New York, etc. Volume I. being Volume II. of "Specialties in the Practice of Medicine." Diseases of the Nose and Naso-pharynx. With 4 Colored Plates and 182 Woodcuts. New York: Wm. Wood & Co., 1889 Pp. xviii-3 to 670. Price $6.00.

Those acquainted with the former edition of this work will hardly recognize it in its present appearance. With the exception of two chapters every part has been entirely re-written, thus making a book more than double the size of its predecessor. There is, however, a discrepancy between author and publisher in the division of the work, the title-page making it appear as if a second volume would follow, while the preface shows that the book is complete. In discussing the laryngoscope the author considers the small electric lamp set in the handle of the instrument as a mere plaything. The book is divided into diseases of the nasal passages, diseases of the naso-pharynx and external surgery of the nose. The illustrations are excellent.

The Principles and Practice of Surgery. By John Ashhurst, Jr., M. D., Boston, Professor of Surgery and of Clinical Surgery in the University of Pennsylvania; Surgeon to the Pennsylvania Hospital, etc. Fifth Edition, enlarged and thoroughly revised. With 642 illustrations. Philadelphia: Lea Brothers & Co., 1889. Pp. xvviii-33 to 1148. Price $6.00

The tendency of new books and new editions of old works is to appear with increased number of illustrations. This excellent work on surgery is furnished with six hundred and forty-two illustrations, many of them original and many from other works. This constitutes the principal improvement in this edition,

although the special chapters have been carefully revised and the whole work forms an excellent treatise on surgery written from an American standpoint.

A Hand-Book of Pathological Anatomy and Histology, with an Introductory Section on Post-mortem Examinations and the Methods of Preserving and Examining Diseased Tissues. By Francis Delafield, M. D., Professor of Pathology and Practical Medicine, College of Physicians and Surgeons, New York, and T. Mitchell Prudden, M. D., Director of the Laboratory of the Alumni Association of the College of Physicians and Surgeons, New York. Third Edition. Illustrated by 221 Wood Engravings printed in Black and Colors. New York: Wm. Wood & Co., 1889. Pp. 609. Price $5.50.

Among the books which have appeared in English on this subject this will take a very prominent, if not the first, place. The methods of making post-mortem examinations and of preserving diseased tissues are first given, then follow general and special pathology and the last section is devoted to the lesions found in the general diseases, in poisoning and violent death. The illustrations are in places a little schematic (not a fault) and the colored ones at times startling, but, as a whole, they are faithful and clear. The lesions found in general disease might have been more fully described, and the references to the literature at times are striking, important works not being noticed and unimportant ones referred to. It is an exceedingly valuable work, combining the best parts of Virchow on Post-mortem Examination, Orth and Woodhead. It is a great satisfaction to see so many new drawings.

Wood's Medical and Surgical Monogrphs. Volume 4, *Number* 2, *November*, 1889. *Contents: On the Surgery of the Knee Joint.* By C. B. Keetley, F. R. C. S. Aids to Ophthalmic Medicine and Surgery by Jonathan Hutchinson, Jr. Bacteriologial Technology for Physicians. By Dr. C. J. Salomonsen. New York: Wm. Wood & Co., 1889. Published Monthly. Price $10,00 a Year. Single Copy, $1,00.

The first article is made up of two addresses and shows how the surgery of the knee-joint has changed, and how boldness has taken the place of hesitation and a long course of applications. The article is short.

The second article is simply a condensed work on the eye with no very apparent sign of originality.

It seems hardly worth while to write books on Bacteriology now. They no sooner appear than they contain antiquated facts. This part of medicine is undergoing so many changes that unless one is actually engaged in the work he will find statements made in print often misleading. Flügge has not issued a new edition for many years (unless one has just appeared), and Hueppe has just issued a new edition. Salomonsen's work is the standard edition in Denmark and probably the only Danish work on that subject with the exception of a few hints the book is no better than others. The translation is well done.

A Guide to the Diseases of Children. By James Frederic Goodhart, M. D., F. R. C. P. Physician to Guy's, Hospital, and Lecturer on Pathology in its Medical School, etc. Rearranged, Revised and Edited by Louis Starr, M. D., Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania; Physician to the Children's Hospital, Philadelphia, etc. Second American, from the Third-English Edition, with Numerous Formulæ and Illustrations. Philadelphia; P. Blakiston, Son & Co., 1889. Pp. 772. Price $3,00.

The third edition of this very popular little book has been thoroughly revised and in some places has had some additions made to it. The chapter on "Infant Feeding" has been enlarged and temperature charts have been inserted to illustrate some of the diseases. The headings are printed in bold type thus making it convenient to catch the eye.

A Hand-book of Diseases of Women including Diseases of the Bladder and Urethra. By Dr. F. Winckel, Professor of Gynæcology, and Director of the Royal University Clinic for Women at Munich. Authorized Translation. Edited by Theophilus Parvin, M. D., Professor of Obstetrics and Diseases of Women and Children in Jefferson Medical College, Philadelphia. Second Edition, Revised and Enlarged with 150 Illustrations. Philadelphia, P. Blakiston, Son & Co. 1889, Pp. 766. Price $3,00

Winckel's "Lebrbuch der Frauenkrankheiten," so favorably known in Germany has begun its second edition in this country, and is an extremely valuable book as showing the manner in which gynæcolcgy is treated by the Germans. The principal change in this edition is the addition of a section on "Diseases of the Female Urethra and Bladder." The references to authorities are very numerous.

Essay on Medical Pneumatolo gy; A Physiological, Clinical and Therapeutic Investigation of the Gases. By J. N. Demarquay, Surgeon to the Municipal Hospital, Paris, etc. Translated, with Notes, Additions and Omissions. By Samuel S. Wallian, A. M., M. D., Member of the American Medical Association, etc. Illustrated with fine Wood Engravings. Philadelphia and London: F. A. Davis, 1889. Pp. 300. Price in Cloth, $2.00. Half Russia $3.00.

This is a translation of a work said to have had some circulation in France twenty-five years ago. It deals principally with the use of oxygen, but carbonic acid and hydrogen gases are also discussed. It opens with a medical history of oxygen, its physiological effects, its preparation and administration in medical and surgical cases and closes with notes and comments by the translator. It is very hard to write on any subject without being a little enthu siastic over it, and here both author and translator, believing in the old saying that "oxygen is life" have cited all possible cases in medicine and surgery in which it has done great good. Its preparation and administration are so difficult and so little understood by the ordinary physician that its use israther limited except by those who administer oxygen as a business. If it would do the good claimed for it by this book and its advocates it would hardly occupy such an unimportant place in our therapeutics. The work is historically interesting but will have a limited sale, although it is well gotten up.

Miscellany.

THE ANGLE OF THE NECK OF THE FEMUR.

In text-books on human anatomy we are taught that the angle formed by the neck of the femur with the shaft becomes lessened as years advance, the level of the head of the bone being consequently lowered. Professor Humphrey has shown that this theory is inaccurate. After careful observations, recorded in the *Journal of Anatomy and Physiology*, he has come to the conclusion that the angle formed by the neck of the thick bone with the shaft varies considerably in different persons at any given period of life. It is smaller in short than in long bones, and it is most likely to be small when the pelvis is wide; the combination of these two conditions rendering it usually smaller in women than in men. The angle decreases during the period of growth, but after growth has been completed it does not usually undergo any change, even if life be continued to extreme old age. Some change may take place in exceptional cases, but as a rule the angle remains the same from the adult period till death, at whatever age death may occur. If, during growth, the limb be relieved of the weight of the body, as in the bedridden state, in paralysis, or in a stump, the angle of the neck with the shaft usually retains the open form of early life, or may even become wider. Professor Humphrey's conclusions will interest the surgeon, and must never be overlooked

in cases where the age of a subject at death has to be estimated by examination of the thigh.—*British Medical Journal.*

Medical Items.

An epidemic of influenza is said to be prevailing at Paris and other places.

In the New York Polyclinic, Dr. Francis J. Quinlan has been appointed lecturer on diseases of the throat and nose.

At the last meeting of the Medical Society of the Woman's Medical College of Baltimore, the following read papers: Drs. Flora Pollack, Donna Waldran, B. B. Browne, Pearce Kintzing, Randolph Winslow, J. T. Smith and Isabella K. Godfrey.

The Medical Analectic has absorbed Townsend's *Epitome*, the new publication to be called *The Analectic and Epitome*, to be issued on the 25th of each month under the editorial control of Dr. R. W. Amidon and assistants and published by the Putnams.

Dr. Jackson, of Pittsburg, has recently analyzed a number of samples of pickles and catsups, and found that salicylic acid is used to prevent fermentation; while sulphuric acid to increase acidity, mineral coloring matters, and other adulterations, constitute some of the wholesome ingredients of these popular delicacies.

Dr. W. W. Virdin of Lapidum, Md., has brought suit against the executors of the late John W. McCoy of this city to recover $25,000 for services rendered during his last illness. Dr. Virdin is said to have had his practice much interrupted in the past years by being called off to travel with Mr. McCoy for which he was not paid.

The Executive Committee of the New York Post-Graduate Medical School and Hospital have established a clinic for diseases of the rectum, to be under the care of Dr Charles B. Kelsey, for the treatment of poor persons suffering from these diseases. D. Kelsey will also give clinical instruction in the Post-Graduate School on the subject.

A new Surgical Institute was formally opened at Göttingen on October 23rd, in presence of the Minister of Education, Herr von Gossler, and Professor von Bergmann. Professor König, of Göttingen, received the Order of the Crown (Second Class) on the occasion. The new building is the first of several other clinical institutes which it is intended to establish in connection with the University of Göttingen.

A remarkable occurrence is reported from Belgium, where several inmates of a newly-constructed almshouse died very suddenly and without apparent cause. Investigation revealed the fact that the water supplied to the institution, which came from a spring near by, contained 0. 7 of a grain of arsenic acid to the gallon, and it has since been used medicinally as a substitute for Fowler's Solution. Arsenical mineral waters have been known before, but this is the first instance on record where fatal accidents have occurred from their use.

Dr C. A. Lindsley Secretary of the Connecticut Board of Health, has nearly finished an examination into the causes of the prevalence of typhoid fever at Yale College. Of the eight cases among the 1,500 students at the college, of which three have resulted fatally, Dr Lindsley finds that all began during the first two or three weeks after the opening of the college term, and that during the last two weeks no new cases have developed. Most of the cases came on almost immediately after the term began. Dr. Lindsley therefore is convinced that the seeds of the fever existed in all the cases of the affected students before they came to New Haven.

The spirit of Florence Nightingale lives in the person of Sister Maria Thérèse, Superior of the Sisters of Charity now serving in Tonquin, who has recently been decorated by the General in command. When she was barely 25 she was wounded at Balaclava. At Magenta she again received a wound. She accompanied French soldiers to Syria, China, and Mexico. In the Franco-German war she was grievously wounded at Reichshofen while attending the Cuirassiers who fell in that memorable charge. At a later stage of the same campaign she distinguished herself by seizing a bomb which fell into an ambulance, and carrying it away eighty yards, when it burst, seriously injuring her alone. She was scarcely recovered from this injury when she volunteered for service in Tonquin.

Original Articles.

A REVIEW OF HYPNOTISM.*

BY G. J. PRESTON, M. D.,

Professor of Nervous Diseases, College of Physicians and Surgeons, Baltimore, Md.

A wonderful revival has taken place of late years in the study and investigation of that curious and interesting psychical condition known as hypnotism, animal magnetism, mesmerism, Braidism, spiritism, etc. Probably no other subject illustrates more forcibly the strange fascination that mysticism in its broad sense possesses for the human mind. The fact that we have here a phenomenon, the nature of which is still wrapped in profound mystery, is in itself a sufficiently powerful stimulus to incite inquiry. Then, underlying this in a great many minds, there is a suspicion of hereditary superstition, a trace of the belief in magic and witchcraft which exerted such a powerful influence upon the lives of our not very remote progenitors. One of the things that strikes us curiously upon the most cursory examination of hypnotism, using the more modern term as an exponent for the general psychic phenomenon, is its great antiquity. And yet upon reflection it should not be a matter of surprise that such a peculiar and abnormal natural condition should have been noted and described by the ancients. In looking through the earliest literature on this subject, after due allowance has been made for the play of the modern imagination, it is impossible to deny the fact that hypnotism was not only recognized but practised in the earliest times of which we have any record. One potent reason why it never became generally known to the ancients was that it was inextricably blended with their religion and practised exclusively by the priests. The priest of antiquity was a curious compound. He was the conservator of religious doctrines and traditions and the performer of religious rites. He was the philospher of the day, the poet and historian in many instances, and the repository of all the knowledge then extant. In addition to these many functions he also performed that of physician, and it is in this latter capacity that we meet with a certain phase of hypnotism. Just what connection there may be between the spiritism of the seers and soothsayers of antiquity and modern hypnotism it is hard to say, but that the two states are analogous, if not even identical, is not difficult of belief. Going back to the earliest times of which we have any record, we find undoubted evidence of animal magnetism. The Chaldeans, who are accounted among the most ancient soothsayers by Cicero, had three orders for the study of magic: the exorcisers, the sages and the star-gazers. It was their custom to sleep in certain temples in order to acquire their wonderful gift. They were reputed to cure diseases by laying on of the hands, by words, by light and sound. The ancient Egyptians were much given to the practice of magic. All through the Old Testament may be found constant allusion to it. An old French writer, who studied the Egyptian hieroglyphics with the view of determining to what extent they practised magnetism, and whose testimony consequently has to be regarded with some caution, since he may have been too much of an enthusiast, says: "Magnetism was daily practised in the temples of Isis, of Osiris and Serapis." (Montfaucon; *Annales du Magnétisme Animal*). He goes on to say: "In these temples the priests treated the sick and cured them, either by magnetic manipulation or by other means producing somnambulism." Among other emblems he gives a picture representing a person standing before a bed on which the patient lay; his face is turned to the sick person; his left hand is placed on his breast and the right is raised over the head of his patient, quite in the position of a magnetiser. Many other Egyptologists might be cited to show that in all probability the practice of magnetism was known among these people. Drawings have been found of great antiquity representing a person magnetized, with open eyes

*Read before the Medical and Chirurgical State Faculty of Maryland, at its Semi Annual Meeting, held at Hagerstown, Md., November 12 and 13, 1889.

and the series of representations show the patient gradually rising from his couch and standing erect before the magnetiser. Celsus opposed the miracles of Christ on the ground that the Egyptian charlatans, for a small sum of money would perform their wonders publicly, such as casting out devils, and curing diseases, by blowing in the face of the person affected. Another Epicurean mentions the same thing and recalls the reproach that the pagans cast np to Christ that the temples of the Egyptians had been plundered and the secrets extracted. These citations go to show the fact that the Egyptians bore the reputation of being adepts in the art of magic.

Among the Hebrews we find frequent mention of seers, soothsayers and persons possessed with spirits of divers kinds. According to Herodotus, the Greeks derived their knowledge of magic from the Egyptians. In the temples of Æsculapius, of which there were great numbers in Greece, it was the custom to have sleeping rooms, where the patients who visited the shrine were accustomed to fall into a deep sleep. While in this condition the course of their malady and the necessary treatment was revealed to them. The ceremonies which took place in these temples have a striking resemblance, as we shall see, to the performances of Mesmer. The sick person was required to follow most rigorously certain rules which were laid down by the priests and to exercise faith in the gods. Everything was done to make an impression on their imaginations. Zealous prayers were said and songs recited, with the accompaniment of musical instruments. Plato relates that rhapsodical poets composed poems to be used in the temple of Æsculapius. Aristides mentions the fact that the dumb regained speech by drinking the magic water from the spring at Pergamus. The patients were stroked with the hands of the priests. They were then put in one of the sacred beds and made to sleep when visions and dreams came to them. When no cure resulted, as was not unfrequently the case, the fault was laid upon the patient, his unbelief or sin. It is interesting to note that Plautus states that consumptives found no relief. "They even weary Æsculapius in vain with their prayers and wishes." These special places, the oak of Dodona and such like bear a very strong resemblance to the magnetized trees of Mesmer and his followers. The Romans derived their knowledge of magic or magnetism from the Greeks, and in fact used frequently to consult oracles elsewhere than in their empire. One finds many passages in Latin writers clearly pointing to magnetism, as for example this one from Plautus: "How if I stroke him slowly with a soft and uplifted hand, so that he sleep?"

The Romans carried magic and all that pertained to it to a very great length, and their faith in oracles was not surpassed by that of any people before or since. Enough has been said to show that the germ of this psychic state can be recognized among the ancients. It is necessary to bear in mind this gross superstition, together with the fact that hypnotism, as it existed then, was entirely in the hands of the priests and consequently a part of the religion of the people—a something sacred and not to be looked at with curious or unbelieving eyes.

As we approach the Christian era we see undeniable evidence of magnetism. Galen alludes to it and refers to the writings of Hippocrates on the same subject. During the early part of the Christian era we see a curious attitude expressed toward magnetism—now it is evidence of demoniac possession, and now a message from God. Tertullian describes one of the early prophetesses thus: "There is with us a sister who possesses the gift of prophecy; she falls usually during divine service into ecstasy in which she has communications with angels and spirits. The reading of the sacred Scriptures, the singing of hymns and prayers give material for her visions, in which she will also describe the shape of the human soul." (200 A. D.)

During the middle ages the practice of hypnotism passed into the hands of, and was very successfully employed by, the clergy. As we have seen in its earliest beginnings it was a part ofr eligion,

but later was studied by the philosophers and used by the physicians. With the beginning of Christianity it again became a very potent factor in religion. The churches took the place of the temples of the ancients, and we see the same practices indulged in. Persons who were sick resorted to these churches or the the tomb of some saint. All through the middle ages we find dignitaries of the church curing diseases by what would seem to have been hypnotic procedures. One reads of paralyzed persons suddenly falling into a deep sleep at the tombs of the saints and awakening to find themselves cured of their infirmities. While the descriptions clearly point to the hysterical nature of the diseases, they no less clearly show that the cure was by hypnotic suggestion. Of this nature was the power of the king's touch. This miraculous gift was said to have been first bestowed upon Philip the First of France and Edward the Confessor of England. While the disease in which it was especially potent was "king's evil" or scrofula, it extended to other maladies. These two sovereigns transmitted their gift of healing to their successors, and it was long practised. Queen Elizabeth, *quoique hèrètique*, an old French writer naïvely adds, seems to have wrought many cures, and one William Tucker wrote a treatise concerning them. It is related that during the reign of Louis the Sixteenth, when Richelieu was made generalissimo against the Spaniards, the Duke d'Epernon exclaimed "What! has the king nothing left but the power of healing wens?" From the twelfth to the sixteenth century magic in general was supposed to come directly from the devil, and his satanic majesty was studied and worshipped by great numbers of sorcerers. Specific rules were laid down for invoking his aid or escaping from his malign influence. In spite of the gross superstition of this dark age the study of magnetism was slowly advancing. Marcellus Ficinus, born at Florence, in 1433, admitted that certain men were endowed with a mysterious power which they could exercise not only over their own bodies but over the bodies of others. Paracelsus a little later makes this candid statement: "The imagination can occasion disease or cure it. The confidence that one has in amulets and charms is the secret of their virtue." He proposed a very elaborate theory that man was endowed with two kinds of magnetism, one for his intellectual faculties and coming from the stars, the other for his organic functions coming from material elements. "Magic," says Lord Bacon, "is the power of the imagination of one individual acting upon the body of another."

The term magnetism came into vogue in the sixteenth century. The magnet had been used for the cure of diseases very much earlier, for it is mentioned in this connection by Pliny, Galen and Avicenna. Paracelsus declared that all the operations of nature were magnetic and spoke of the influence of the will over another by means of this power. Van Helmont (1577) says: "It is foolish to believe that it is through the devil that one man may by his will influence others, even at a distance. Magnetism is present everywhere and has nothing new but the name." Van Helmont performed such wonderful cures by means of magnetism that in spite of his virtue and piety he was suspected of being in league with the devil and was thrown into prison. He recognized many of the phenomena of somnambulism and apparently possessed the power of passing into the hypnotic state, in which condition he declared that he saw visions and had many subjects of his research revealed to him.

Space does not permit any analysis of the epidemics of the middle ages; the dances of Saint Jean or Saint Guy, the Tarentism of Italy, the Possessions of the Nuns of St. Ursula at Aix (1609) and of the Ursulines at Loudon (1632) and those of Louviers (1642), together with the *convulsionnaires* of St. Médard and the estatics of different centuries and countries. While the underlying condition in all these emotional states is what would be called to-day hysteria, still one sees very clearly the prominent part played by hypnotism, especially the

hynotic suggestion, and the cures that were wrought in the case of these unfortunates by the priests and at the shrines owe their efficacy to hypnotism. In the numerous and elaborate records of these epidemics we find graphic descriptions of the condition of those effected, showing that the three hypnotic states were present, catalepsy, lethargy and somnambulism. The seventeenth century produced many zealous advocates of hypnotism, or as it was then called, magnetism. Robert Fludd, (1638) of England, promulgated a very elaborate theory which supposed a universal magnetic influence pervading all matter. Thus when two men approached each other their magnetism was either positive or negative, from which sprang sympathy or antipathy. Somewhat later we find in the writings of Maxwell, a Scotch physician, the whole of Mesmer's doctrine in embryo. In his *Medicina Magnetica* he gives very specific directions for the practice of magnetism, and states very clearly his theory of the "universal spirit." In the preface to the book (published at Frankfort in 1679) he says in defense of the opposition with which he was met: "We will, therefore, instigated by love, and for the public good, give the cure of six of the most difficult complaints and which the mob of physicians declare to be incurable. These are insanity, epilepsy, impotence, dropsy, lameness and continued, as well as intermittent, fever." From the strength of the language employed we are led to suppose that the "mob of physicians" did not take very kindly to his method of curing the "six incurable diseases," for in one place he says: "Have we not in past ages seen the whole world, as it were, moved into furious hostility against this means of cure? Was it not by the loud expression of certain experience, which yet must be held even sacred and unquestioned, declared to be sorcery, devilish and deemed crime and folly?" Valentine Graterakes, an Irishman, was very celebrated for his marvellous cures. He believed that his gift was from God and relates that the methods that he employed were revealed to him in a dream. Robert Boyle, President of the Royal Society of London, says of him: "Many physicians, noblemen, clergymen, etc., testify to the truth of Graterake's cures. The chief diseases which he cured were blindness, deafness, paralysis, etc. He lays his hands on the part affected, and so moved the disease downward." We might suppose that many of these were real cures by *massage* but for the fact that they were usually instantaneous. Of course, in the last mentioned case and in the case of many others who were celebrated for their "magic cures," we cannot say that hypnotism as we now understand it was the agent employed. The weight of testimony, however, is in favor of the fact that the hypnotic suggestion played a prominent part. These names that have been mentioned were not those of men who would correspond to the "magnetic healer" or itinerant medicine vender who instantly cures the aches and pains of the bumpkins at the agricultural fair, but in nearly every instance they were men noted for their learning and held in esteem by their contemporaries. It is interesting to follow the progress of magnetism in the works of the learned Kircher, Wirdig, professor of medicine at Rostock, the great German philosopher, Jacob Böhme, and the humanitarian priest, Gassner. The theory that they adopted was fanciful to a degree, even for the time in which they lived. Magnetism, derived from the light, from the stars, from the moon, from all material things, was the grand force of the universe, and by it all the phenomena of life and death were explained.

We are brought now up to the time of the man who gave a great impetus to the study of magnetism and whose name has been so long employed to designate the whole system—Mesmer. As we have seen, Mesmer can in no sense be called the discoverer of this curious psychical condition, for, as has been shown, traces of its influence can be seen from the very earliest times. As M. Cullerre, in a recent work on the subject (*Magnétisme et Hypnotism*, Paris, 1887) says: "This Christopher Columbus (Mesmer) of magnetism, as his admirers call him, was no even an

Americus Vespucius. He discovered nothing, he invented nothing. He simply put into practice the facts that had already been discovered and described." About the middle of the eighteenth century Mesmer began vigorously to promulgate his doctrines. He directed his attention especially to the treatment of incurable diseases, so-called. While he attracted great attention his methods were so clearly those of the charlatan that he was regarded with great distrust by the medical profession of Vienna, where he was operating, and at length was requested by the dean of the Faculty to put an end to his nonsense. Justly discouraged by his reception in Germany, he went in 1778 to Paris. Circumstances greatly favored him, for there still lingered in the minds of the Parisians memories of Swedenborg and the impressions made by the miracles wrought at the tomb of *Diacre Paris* were not yet obliterated. Then, too, he claimed to cure all those who had been given up the regular physician, a card which has been trumps so often. All Paris was in an uproar about him and he made many converts in the medical profession. As to his doctrine of magnetism we have already seen it in the writings of many of his predecessors and he added very little that was new. In his celebrated treatise (*Dissertation sur l'influence des planètes sur le corps humain*) he speaks of a universal influence which exists between celestial bodies, the earth and animate beings. This influence he supposes to be a fluid penetrating all substances and subject to certain unknown laws. It manifests its influence particularly in the human body and possesses properties similar to those of a magnet, whence he calls it animal magnetism. He further states that it is exceedingly useful in enabling the physican to perceive the real nature of disease and to apply a suitable remedy, and predicts that the new science will revolutionize medicine.

Nothing could exceed the ridiculous nonsense and outrageous quackery of his seances. One need only read the descriptions of them to see that Mesmer in Paris was certainly the Prince of Charlatans. In a large room carefully covered with matresses as are the strong cells in an asylum (and in fact it had been used for some such purpose) and which was denominated the "*Salle des Crises*," his patients assembled. The room was darkened, and any light that came in, passed through stained windows. In the centre of this hall was the *baquet*, a tub or box of wood in which were placed in a regular manner a number of bottles which were filled with magnetized water and tightly stoppered. The tub was filled with water, into which was thrown iron filings, pulverized glass or sand. From the tub projected iron triangles, or sometimes wires, and the patients laid hold of them and formed a circle around the *baquet*. This circle had to be formed in this way: one hand holding the wire which was attached to the *baquet*, the other hand clasped that of the person next, feet, legs and thighs were closely opposed to the corresponding parts of the neighboring individuals, so that a solid chain was formed, through which the magnetic fluid could pass. Very soon the spell would begin to work, and one after another would fall in convulsions or "*crises*." All the while music was softly playing, and Mesmer himself was accustomed to elicit minor notes in a certain key from the harmonicum. After the patients were put in a suitable frame of mind the great magician Mesmer, clad in gorgeous apparel, usually a robe of some striking color, would enter the hall, and with an iron wand touched the parts of the bodies of his patients, which were supposed to be the seat of the disease.

Very soon these halls became notorious, for they were the resort of hysterical and superstitious men and especially women, and some of the orgies enacted there were said to rival description. A bitter quarrel sprang up between the advocates and opponents of Mesmer which finally culminated in a request from the government that the subject be officially investigated by the Academy. The commission was composed of a number of distinguished men, among whom may be mentioned Franklin, who was at

that time American Minister to the court of France, Lavoisier and Bailly. Their report, which is a very interesting document, declared that this magnetic fluid could not be perceived by any of the senses: that there was no fact to prove its existence, and that "this fluid without existence is consequently without utility:" that the imagination was excited and herein lay the secret. There was an added report, which was not made public at that time, in which the opinion was expressed that these mesmeric proceedings were injurious to the public morals. Among the experiments made before their commission was one which was laughable. A disciple of Mesmer, Deslon, magnetized a certain tree in a garden at Passy, and a young man who was very susceptible to the influence of the magnetic fluid, was set to find the magic tree. After experiencing various sensations under two or three trees, he finally fell into convulsions under the branches of one which was twenty-seven feet distant from the magnetized apricot tree. In spite of this report from the Academy, Mesmer continued to enjoy a great popularity, and finally retired with a handsome fortune. Public interest had been thoroughly aroused however by this time and almost every term in France had its *Société de l'Harmonie* for the study of Animal Magnetism.

(*to be continued.*)

NOTES OF A CASE OF CEREBRO-SPINAL MENINGITIS.*

BY E. G. WATERS, M. D.,
OF BALTIMORE.

On the 18th of July, present year, Dr. W., a well known practising physician of this city, and an honored officer of this society, was thrown out of his carriage by the breaking of the "king" bolt. He fell on his head and shoulders, receiving a severe shock to his spinal cord. The accident happened only a few yards from my door, and he was able with slight assistance, to make his way to my house. He had been boarding since the first of June with his family in the country, a mile or more from the city proper, in a very healthy district, and in a situation peculiarly free from local causes of disease, so far as such can be presumed to exist through ordinary observation. On visiting him the following day about noon, my attention was attracted to his little daughter, some three and a half years old, who was lying asleep in the adjoining room, evidently suffering from fever. The same evening I was sent for to see this child, and on my arrival between 8 and 9 o'clock found her with a very frequent pulse, high temperature and dry skin. Her uncle, a very intelligent gentleman, thought he had verified as many as 175 beats to the minute. The thermometer had not been used. She had slept, it was said, quite four hours at her noon-day nap, and had awakened, in the condition in which I found her. There was no history of a chill. Directing some alterative, refrigerant, and mildly purgative medicine, together with the use of a hot bath, I took my leave. The next day between 10 and 11 o'clock, I saw her again. At the first glance an eruption, or more correctly, a discoloration was invisible on the surface of her body, pretty much everywhere fainter, however, on the face, and hands, but vividly distinct on the lower portion of the trunk and upon the lower limbs. Its color was livid or dark purple, arranged in ovoid wheals about the size of shelled almonds, their peripheries much deeper in color than the intraspaces, and frequently touching, or intersecting, each other. I had no difficulty in deciding at once that the disease was cerebro-spinal meningitis, or, as it is now commonly called, spinal fever. The color of the eruption showed either that the poison was of unusual virulence, or that the child's fluids were specially depraved at that moment. In either case it was certain that the struggle for life would be severe. She had suffered from several convulsive seizures since the beginning of the attack, but of a character not specially violent, as I understand. No such disturbance was ex-

*Read before the Baltimore Medical Association.

hibited during any of my visits. Her intelligence was clear and but slight impairment of the special senses was observed. Indeed, a slight dilatation and immobility of the pupils was the only change noticeable in any of these organs. She swallowed without difficulty and took her food and medicine with readiness. At night I saw her again. Her condition was not materially changed, except that the effort to swallow seemed to be decidedly impeded. At this visit I spread and applied a fly-blister, two and a-half by four inches along the nape of the neck, from the hairy scalp downwards. This blister remained on six or seven hours and vesicated the surface thoroughly. It was followed by poultices of milk and bread or corn meal mush, as hot as they could be well borne and changed often enough to maintain a comfortable degree of heat. These applications seemed to be attended wtth highly salutary effects. The pulse fell from 145, which I had counted the day before, to 112 or 115; the skin cooled to a merely normal temperature; the power to swallow with ease and comfort was restored; the convulsions ceased, not again to return. It was very noticeable how marked was the relief consequent upon warm applications. When it was thought advisable to substitute another dressing for the blister in place of the poultices, the evident distress suffered by the little patient, consequent upon their withdrawal, compelled their continuance upon this ground alone. Paralysis of the rectal and cystic sphincters was pronounced at the middle of the second week and continued for at least a month. There was at no time in this case that exquisite sensitiveness to the touch, or to drafts of air, so commonly spoken of by writers, nor have I ever witnessed it in a case of this disease, whether occurring in adults or children. This child's spine was rubbed several times daily for weeks with a mixture of quinine and strychnia in alcohol, and so far from experiencing discomfort therefrom, it always seemed to afford her pleasure. The retraction of the head between the shoulders was quite pronounced at an early stage of the attack and the continuance of it, usual in such cases, persisted for several weeks. At one time during convalescence her life was in great peril from an indisposition to take food. She refused utterly to receive it by the mouth, and even resented effectively all efforts to inject it into her rectum, which had previously been done with evident benefit. In this dilemma I directed that she should be rubbed frequently with cod liver oil. The result of this was most gratifying. The decline of her rapidly failing powers was arrested; she began promptly to revive in strength and appearance, and in forty-eight hours began again to take her food with an appetite, which has been maintained unimpaired to the present moment. Now, towards the close of October, she has regained her plumpness, but not altogether her muscular vigor, and seems to show no trace of the ravages of the attack, save in an unfortunate deafness of both ears, which seems to be extreme or complete, and may be permanent.

SOME RECENT CASES OF ABDOMINAL SURGERY.*

BY RANDOLPH WINSLOW, M. A., M. D.

Professor of Surgery Woman's Medical College of Baltimore.

(*continued from page* 121.)

CASE IV.—*Right Ovary Enlarged. Imbedded in a Mass of Peritonitic Adhesions. Tube Occluded. Laparotomy, Recovery.*—Miss H., age 29, was healthy until about four years ago when she caught cold whilst menstruating, and a severe attack of peritonitis developed, which kept her in bed for nine weeks, subsequently her health was impaired and she was unable to continue her occupation as a teacher. She had several attacks of pelvic trouble during the next few years, and began to suffer severely at her periods, and to have an aching heaviness in the right side. In October of this year, she sent for me during a violent attack at a menstrual period, and and again two weeks later, when she had

*Read before the Medical and Chirurgical State Faculty of Maryland, at its Semi-Annual Meeting, held at Hagerstown, Md., November 12 and 13, 1889.

great pain which compelled her to remain in bed several days. I saw this time any exercise would be followed by pelvic distress, causing a throbbing sensation in the right side. She is single, has never had a child, nor is there the slightest reason to suspect any venereal origin to her troubles. A vaginal examination under chloroform revealed a considerable hardness on the right side of the uterus, the uterus being virginal and normal. Nothing abnormal could be felt on the left side. An operation for the removal of this painful lump was advised and accepted. The patient was admitted to the Hospital of the Good Samaritan and laparotomy was performed in a private room on October 28th. The usual preparations of patient were made. She took chloroform very badly, and ether was substituted with no better success, and it was at least an hour before she could be sufficiently anæsthetized to proceed. A hypodermic injection of morph. sulp. gr. ¼ had been previously administered, but whether this was the cause of the difficulty in the anæsthetization I am unable to say. The abdomen was opened through the right rectus muscle, the parietes being thick and muscular. The uterus was imbedded in a mass of old peritonitic adhesions, and at first the right ovary and tube could not be distinguished, but after breaking up adhesions they were detached, and brought into view, ligated and cut off. The ovary was at least twice as large as normal and contained a large blood cyst, probably the result of a recent menstruation. The tube was occluded, but contained no fluid in its cavity. The left ovary did not seem to be diseased and was not removed. Hot water irrigation was resorted to several times, which was not only useful in cleansing the parts, but floated the intestines out of the way and allowed space for working. It also restored the pulse to a considerable degree. The patient collapsed, and it became necessary to finish the operation more rapidly and less carefully than usual, and it is probably that some antiseptic precaution was neglected at the time as the sequel will show. Hypodermic injections of whiskey were given and external heat applied, and the patient put to bed. She has actually an exceedingly irritable stomach and vomits excessively upon any provocation. Nausea and vomiting soon set in, lasting without intermission for four days, so that it was impossible to give her any nourishment during this time. The vomiting was finally checked by the administration of cocaine muriate gr. ¼ every hour. She still had indigestion and any food soured, and caused tympanites and tormina ot the bowels, requiring morphia, hence it was a week before any food could be assimilated. The bowels were moved on the fifth, and again on the seventh day. The reaction from the shock was followed by fever 101½° falling to 98¾° on the fourth day. On the evening of the fourth day, slight fever and pain set in, and the next evening the temperature reached 102°. She was believed to have a localized peritonitis, but on the evening of the 8th day the temperature reached 103¼° and the next morning, two stitches were withdrawn and pus was observed to ooze through the stitch-holes, the lower part of the incision being opened a considerable quantity of foul smelling pus and air bubbles escaped. The wound was washed out with bi-chloride and the temperature rapidly fell below 100°. This favorable condition, however only lasted about 48 hours, when the temperature again began to creep up, and I was confronted with the question whether the abdominal wound ought to be opened or not. I was very loth to do this, and hesitated several days, but when the morning temperature on the 14th day reaches 102° I decided to delay no longer. Giving her a few whiffs of bromide of ethyl, I succeeded in passing my finger into the pelvic cavity, and upon introducing a glass drainage-tube, pus at once appeared. Probably on ounce or ill smelling pus was removed and the cavity cleansed, and by night the temperature had fallen to 99⅝°. This case has taught me the important lesson: that it is safer to reopen the peritoneal cavity, than to allow febrile symptoms to continue without exploring the pelvic cavity. Fearing the tube did not drain sufficiently well,

I flushed the pelvis with a quart of warm salicylic (1-1000) solution which completely cleansed the abscess cavity. Although this case gave me enormous anxiety, I have learned a valuable lesson in regard to the propriety of reopening the wound and exploring the pelvis, which I can never forget. She is now convalescent and sitting up, but it is too soon to express any opinion as to the end result of the case.

There are but few more remarkable examples of erroneous doctrine, which have been copied from one text-book to another and transmitted from teacher to pupil for many years than that of "pelvic cellulitis." Inflammatory troubles within the female pelvic cavity are sufficiently common and are dependent upon many causes, among which are arrested menstruation, injuries, the effects of labor or abortion and gonorrhœa. These different affections present symptoms which are more or less common to all, as pain, tenderness of the abdomen, and more or less fever and frequently exudation around the uterus and other pelvic organs which have been regarded, until recently, as infiltrations of the pelvic cellular tissue. The pathology of these affections was carefully and correctly worked out about forty years ago by Bernutz and Goupil, but the results of their investigations were either not accepted or had been forgotten when the modern theory of pelvic cellulitis gained universal credence. It was supposed that the pelvic cellular tissue was a tissue of excessive irritability, and that injuries of the uterus were especially liable to be followed by cellulitis, due to a sympathetic involvment of the connective tissue. For some years a few observers have maintained that the cellular tissue was not involved primarily in these inflammatory troubles, but if at all secondarily. The sequence of events, then, in a pelvic inflammation due to abortion or gonorrhœa, or even operations on the uterus, is an inflammation of the uterine mucous membrane septic in character, which by direct continuity extends to the Fallopian tubes producing salpingitis and frequently peritonitis by direct infection. Salpingitis is undoubtedly recovered from in some cases, generally leaving the tubes and ovaries adherent to each other or to some portion of the pelvic wall and with corresponding interference with their functions. If, however, the inflammation is virtually septic there is likely to be an intense salpingitis, with peritonitis, and ovaritis, with exudation, and the production of pus in the cavity of the tube causing pyosalphinx, the ovary also frequently is converted into a pus sac, and it may be that the cellular tissue is involved secondarily, but the exudation is intraperitoneal and not outside of the peritoneal cavity. Pelvic cellulitis as a primary affection, either does not exist or it occurs so infrequently that its existence need not be considered. How, then, can we explain the symptoms which were formerly supposed to be due to pelvic cellulitis? In mild cases the symptoms may be caused by salpingitis or localized peritonitis, whilst in severe cases there is an intense inflammation of all these tissues and organs, generally with the production of pus. Sometimes the Fallopian tubes are distended with pus, serum or blood until they can be felt through the abdominal walls as sausage shaped bodies connected with the uterus. With this change of view in regard to the pathology of pelvic inflammations there has come corresponding change in regard to treatment. Whilst it is proper in the mild cases to attempt to secure a cure by rest, the use of hot vaginal injections or the application of iodine; when the exudation is large, crowding the uterus out of place or fixing it as if in plaster of Paris, such treatment is worse than useless, as valuable time is lost thereby. Laparotomy and the removal of the diseased structures is the only rational procedure, and fortunately it is attended with marvellous success. Whilst this is so, no one should be blind to the difficulties which may be met, and the physician who essays the removal of these inflammatory masses should combine the attributes of a surgeon and a specialist. These operations are usually difficult and the dangers are not a few, amongst which are hæmorrhage, the laceration of the bladder or

rectum, or injury to a ureter. The work must be done with the finger to a large extent, without the aid of vision, and the breaking up of adhesions must be effected as gently as possible. Bleeding may be generally arrested by sponge pressure or by flushing the cavity with hot water. When pus has escaped into the peritoneal cavity a thorough irrigation with hot boiled water and a careful cleansing of the parts must be performed, and it is safer to introdnce a glass drainage tube. In cases in which no pus and no extensive oozing surface is left, drainage need not be done. The patient should have no food until flatus has passed per anum, and for the first twelve to twenty-four hours only a little hot water should be sipped orcracked ice at intervals may be allowed. Later small quantities of milk, beef-tea, etc., gradually increasing the quantity until ordinary diet may be allowed in from seven to ten days. The bowels should be moved by enema about the third or fourth day or a laxative may be given per os if nausea or vomiting have ceased. Morphia ought not to be administered if it can be avoided, as it arrests peristalsis and causes tympanites. Sometimes it must be given if the pain is very severe.

Case V.—*Supra-Vaginal Hysterectomy for Multiple Uterine Myomata.—Recovery.*—M. C.. colored, aged 33 years, unmarried, nullipara, has been complaining for a long time of profuse menstruation. She suffers much in the lower part of the abdomen and pelvis, and has been incapacitated from working since last November. In consequence of her ailments she was admitted into University Hospital last spring, and submitted to laparotomy for the purpose of having the ovaries removed. As these organs could not be found the wound was closed and recovery from the operation ensued. She again attempted to work but her increasing infirmities compelled her to desist and to seek further treatment. She accordingly entered Bay View Hospital and came under my notice in July of this year. She was at this time almost bedridden, feeble, sometimes having fever, frequently exhibiting nervous phenomena, bordering on hystero-epilepsy, and suffering with pelvic and abdominal distress. The abdomen was somewhat enlarged and upon palpation a large mass of uterine fibroids could be felt, pressure upon which was very painful. The bowels were usually loose and the urine contained some albumen. Taking into consideration the age of the patient and the great improbability of any improvement, I proposed hysterectomy as the only treatment which was likely to afford her any relief. As she had been through one laparotomy she was naturally reluctant, to submit to another, but after due consideration decided in favor of hysterectomy. She was kept under observation for a while, and her request to be allowed to go to town to attend to some personal concerns was granted. The visit to the city was followed by fever and increased pain, suggesting peritonitis. These symptoms abated in a few days and the operation was set for August 14th. On the day before a purgative was given and an enema on the morning of the operation. The patient had a general bath given her and then the pubes and vulva were shaved and the abdomen scrubbed with soap and water, then washed with ether and disinfected with sublimate 1-1000 and a compress moistened with 2½ per cent. carbolic solution was kept on the belly until the operation. The room had been whitewashed with two coats and the floor and wood-work scrubbed with sublimate solution. Everything was clean. The instruments used had been previously boiled and cleaned, and previous to using them they were placed in 2½ per cent. carbolic acid solution. Sublimate 1-2000 was used for sponges, hands and external wound, but only plain hot boiled water was allowed to enter the peritoneal cavity. The water was kept boiling in the room by means of a little gas stove.

Ether narcosis. Urine drawn. The incision was a little to the right of the old incision, and it would have been better had I excised the cicatrix, as it subsequently prevented complete union. The tumor was adherent along the line

of the former incision and had to be cut loose with scissors. The incision was about six inches in length. The uterus was lost in a mass of fibroids of various sizes, making a large tumor, which was brought through the abdominal opening without much difficulty. During this time a pelvic abscess in front of the uterus was ruptured and flooded the peritoneal cavity with pus. This was immediately washed out with water and the pelvis cleansed. The broad ligaments and tubes were doubly ligated on each side of the uterus and sewed between the ligatures. The ovaries were not found. A rubber cord was thrown around the cervix and a strong compression clamp applied above it. The body was now cut away without any hæmorrhage taking place. The pedicle was short and thick but could be brought out at the lower angle of the wound. The pulse of the patient was good most of the time, but flagged once and was restored by hot irrigations. The parietal peritoneum was sewn to the pedicle in order to close the peritoneal cavity. Two rubber tubes were introduced behind and in front of the uterus. I closed the peritoneum with separate sutures of catgut, and the abdominal incision with silk. The patient bore the operation remarkably well and was put to bed with a good pulse and but little shock. For several days subsequent to the operation the woman suffered considerable pain, requiring an occasional hypodermic injection of morphia. On the fifth day the dressing was changed for the first time, as the temperature seemed to be rising. The gauze was stiff with blood, but there had been but little discharge since the first day. A small quantity of bloody fluid was sucked out of the drainage tubes, but no suppuration or sloughing had occurred. There was no bad odor about the wound. The temperature on this day reached its highest point, 102⅘°, but this sudden rise was probably due to the excitement attending the changing of the dressings, as it had fallen the next morning to 99⅘°. The bowels were moved by liquorice powder and enema about the sixth day, and owing to an offensive discharge the vagina was irrigated about the same time. It was necessary to use the catheter for about a week, after which the functions of the bladder were restored. There was considerable hysteria and nervousness, with cramps in the limbs for a few days also. On the ninth day I removed the clamp from the pedicle. There had been no sloughing, but some suppuration. The drainage-tubes were removed at the same time. The stitches were removed on the twelfth day, and it was found that the union was not perfect, which was probably due to the cicatricial character of the tissues through which the incision passed. The uterine stump retracted, depressing the abdominal walls, and leaving a deep funnel-shaped cavity at the bottom of which the end of the pedicle gradually sloughed off, leaving a granulating surface, which at this writing has cicatrized. There was very little discharge at any time, and that sweet and apparently not septic. The temperature for the first week ranged about 99° in the morning, and 100° in the evening, falling below 99° on the eighth day. The pulse varied from 90 to 100 beats. For the first twenty-four hours a little crushed ice was allowed; subsequently milk in teaspoonful doses every hour, gradually increased in quantity. She was allowed to sit up about the end of the third week, and on September 13th, four weeks after the operation, she viewed the sham bombardment of Fort McHenry from her window. October 16th, wound healed, leaving a deep depression in the hypogastric region. The patient has been going around the ward and wanted to go down stairs Her appetite is voracious, and she is gaining flesh and strength.

The subject of the treatment of uterine myomata is a live one at this time and it is very important that accurate statistics of the results of the various methods of treatment should be secured. The methods practised may be grouped under three heads: first, the palliative, second, the electrical, third, the operative or radical. In many cases the palliative method answers very well, and some excellent practitioners have al-

ways employed this to the exclusion of other measures. Amongst palliative means, rest, curetting the uterus, the application of medicaments, and the internal administration of ergot, all find a place; but these are slow in their action, and the patient is obliged to lead the life of an invalid; hence not very applicable to the case of one who is obliged to earn her own living. The treatment of uterine fibroids by electrolysis as practised by Apostoli of Paris, is still sub judice. Apostoli himself, and others here and abroad make great claims for this method. The most important convert to Apostoli's method is Dr. Keith, now of London, who after most remarkable success in hysterectomy declares that removal of the uterus is unjustifiable, in view of the results obtained by electrolysis. Tait, with characteristic frankness, condemns the electrical treatment as useless and dangerous. Operators in this country do not, as a rule look favorably upon the Apostoli method. Influenced by the statement of Dr. Keith, I recommended a trial of electrolysis in a case, which I saw in consultation early this year, but as there was no suitable apparatus in the city, it could not be carried out. I do not see how we can get around the statements of Apostoli, Keith and other reputable men, when they say they obtain better results by this method than by hysterectomy. Finally the operative or radical method must claim our attention. I do not here allude to the removal of submucous tumors which can be extirpated per vaginam, but to those cases in which the ablation of the uterus is presented to our consideration. Hysterectomy is a radical, but dangerous operation, the mortality varying from 8 or 10 to 40 per cent. It remains to be seen whether the mortality is inherently large, or whether it can be reduced by an improved technique. The impression which I derive from my reading is that the mortality is decreasing and will decrease still further. Before the question of treatment can be positively settled, carefully compiled statistics of each method must be made, and their results compared.

1 Mount Royal Terrace.

Society Reports.

BALTIMORE MEDICAL ASSOCIATION.

STATED MEETING HELD OCT. 14, 1889.

Dr. Randolph Winslow introduced the subject of

PELVIC CELLULITIS.

He said he desired to call the attention of the Association to the erroneous doctrine which is especially prevalent in Baltimore in regard to pelvic cellulitis. He had presented specimens of pus tubes last spring which had been removed from a case of so-called pelvic cellulitis, and during the summer he had operated upon several cases somewhat similar. When a pelvic inflammation, with exudation, occurs the profession here almost universally make the diagnosis of pelvic cellulitis and depend upon hot irrigations, painting with iodine, poulticing, etc., in the treatment of the case. The experience of the speaker and of the president was positive that such affections were not cases of cellulitis at all but were intra-peritoneal and dependent upon salpingitis. The course of such a disease is as follows:—The uterine mucous membrane becomes involved in an inflammatory process, and this extends along the Fallopian tubes, producing salpingitis. As a result of salpingitis the tubes frequently become filled with serum, blood or pus, which may gain access to the peritoneal cavity by leakage, producing peritonitis, or the parts may be matted together, forming a pelvic abscess. This is especially liable to follow labor, abortion or gonorrhœa, and whilst patients do undoubtedly recover sometimes, it is only after prolonged suffering and without much danger to life. Usually the condition grows worse, the tubes become distended with pus or serum, the ovaries degenerated into pus sacs and the patient a confirmed invalid, with, perhaps, pus discharging through bladder, vagina or rectum. This condition of salpingitis, with exudation is very common, and it is time that its true nature was recognized, as the treatment which is de-

manded is laparotomy, with the removal of the diseased appendages, an operation which is fortunately remarkably successful.

Dr. E. G. Waters then read a paper entitled

NOTES ON A CASE OF CEREBRO-SPINAL MENINGITIS.

(*See page* 146.)

Dr. David Street, in commenting on Dr. Waters' case of cerebro spinal meningitis, said: about one year ago he attended a case similar to it in some respects.

In case alluded to, a child four years old had copious eruption all over body and limbs, had elevation of temperature, slight vomiting, was constipated, with pupils contracted, &c., but complained of no pain and had marked diminished cutaneous sensation, could be handled, rubbed or pinched without apparently feeling it. So copious was the eruption, that a medical gentleman who saw the case with him, diagnosed measles, although coryza and cough were absent. The correct diagnosis became apparent as the case progressed and case terminated fatally, with undoubted cerebro-spinal meningitis.

Case 2, which Dr. Street related was as follows;—I was called at midnight to see a lady suffering from acute, and intense pain all over abdomen. No history of injury nor miscarriage: Gave opium and returned home: was called again about two hours later, and found intense suffering and tenderness over abdomen. Examined uterus and found os closed, and no discharge of blood: increased opium. When I called next day found hemorrhage came on during the night. Removed from vagina the product of conception of about six weeks. She had not disclosed her pregnancy until the time. The unusual feature of this case, and for which I relate it came on the following day. Jaundice—to which I allude, was marked except in the conjunctivæ. Neither vomiting nor diarrhœa was present to indicate any inflammation of alimentary canal. I learned patient had taken strong emmenagogue and inserted catheter into uterus. What was the cause of the jaundice? There being no local cause apparent it is quite probable some emmenagogue was taken with result of disorganizing the red blood cells and liberating pigment and coloring matter in the blood. Patient has now been well some time but is still quite pale and anæmic.

HENRY B. GWYNN, M. D.

Reporting and Recording Secretary,

724 N. Gilmor St., Baltimore, Md.

CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD OCT. 18th, 1889.

The 231st meeting of the Clinical Society of Maryland was called to order by the President, Dr. R. B. Morison, in the chair.

Dr. R. B. Morison delivered a very interesting

INAUGURAL ADDRESS

(*See page* 41.)

In which he gave some good advice concerning the Clinical Society. He advised that all members should be prompt in attendance and to observe the sections in the constitution relating to the length of discussions. Other portions of the address were devoted to a description of his recent trip abroad.

He appointed Drs. Norris, Latimer and McSherry a committee to draft resolutions on the death of Dr. Oscar J. Coskery.

Dr. Randolph Winslow reported a most interesting

CASE OF HYSTERECTOMY.

He detailed the history of his patient and gave the technique of the operation he performed. The patient made speedy recovery.

Dr. A. Lafleur reported

TWO CASES OF AORTIC ANEURISM.

Dr. Wm. Osler said the second case reported by Dr. Lafleur was of unusual interest. The point of special clinical importance was the tracheal tugging; this is a valuable symptom and not

widely known, It was referred to a few years ago, and since then it has received a certain amount of attention. When you take hold of the larynx in a given case and gently lift it, if an aneurismal tumor is pressing on the trachea, you willl feel a tugging. It is quite pathognomonic, though possibly tumors of any kind pressing on it might give similar symptoms.

Dr. L. Mc.Lane Tiffany read a paper on

THE EXPEDIENCY OF OPERATING AT ONE SITTING ON THE BLADDER AND KIDNEY.

Dr. Geo. J. Preston asked if this form of surgical kidney was as common now as when antisepsis was not in such general use.

Dr. L. Mc.Lane Tiffany said that he did not think that surgical kidney means any particular pathological lesion. He does not think that antisepsis has anything to do with this particular condition. It is usually due to a damming back, resulting from some affection of the genito-urinary tract in front of it.

Dr. Geo. J. Preston said that he asked the question because he had seen cases that followed operation on the genito-urinary tract which seemed to be due to sepsis.

Dr. N. G. Keirle said that these affections would seem to be of some considerable importance, for example, the condition could come from from an enlarged prostate gland, &c; here the kidney may become dilated from hydrostatic pressure. He does not remember ever having seen any large collection of abscesses in the cortical portion or elsewhere resulting from this operation.

Dr. A. K. Bond said that he did not see how damming back of the urine could cause surgical kidney. The term is an indefinite one. Suppuration set up in a kidney after an operation would seem to be due to instruments.

Dr. Wm. Osler said there is one difficulty in dealing with this trouble and that is in exceptional cases. The affection is usually bilateral. The expediency of operating, as Dr. Tiffany did, is proof of its wisdom, as is seen in the good results which followed.

Dr. Wm. Rickert said he did not think the question was one of surgical kidney, but of the wisdom of doing the double operation and he concurs in all that has been said in such a direction by Dr. Tiffany. He feels that we have been instructed on this point and in a manner that will be of great interest to us all.

Dr. T. B. Brune asked Dr. Tiffany if he would operate on a kidney when there was present no symptoms but pain.

Dr. L. McLane Tiffany said that pain by itself is not usually present. There are always some other indications. Evidently there would be pus in the urine, that, associated with pain in the region of the kidney would make him feel very much like exploring that organ on the affected side. Enlargement of the kidney is not necessary for diagnosis.

Dirty instruments are recognized as a source of infection, but where pus is already present he thinks their influence amounts to very little.

Dr. A. C. Pole exhibited a specimen of

ABNORMAL HEART FROM A CHILD SIX DAYS OLD.

There was no communication between the right ventricle and auricle. He also showed a number of little pea-shaped bodies of a somewhat soft consistency, passed by a female per anum at different intervals. The attacks were accompanied by great pain and were thought to be due to hepatic colic. The masses have been examined by a chemist and hepatic colic excluded. Several prominent members of the profession have seen the patient, but as yet no light has been thrown on the subject. The patient enjoys perfect health when the attacks are not on hand. Relief usually comes promptly by the aid of anodynes. Treatment has been of no avail up to the present time.

Dr. R. B. Morison showed a specimen of drawing which had been done by Dr. A. C. Abbott, representing in a beautiful manner the pigment in a negro's skin.

W. J. Jones, M. D.,
Recording Secretary,
1238 Greenmount Avenue.

MARYLAND MEDICAL JOURNAL

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WILLIAM B. CANFIELD, A.M., M.D., Editor.

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BALTIMORE, DECEMBER 21, 1889.

Editorial.

COUNTY MEDICAL ASSOCIATIONS.

It is with extreme pleasure that we announce to the profession of the State, the organization of the profession in Washington and Calvert Counties into local medical associations. This result was undoubtedly the outcome of the Semi-Annual Meeting of the Medical and Chirurgical Faculty of Maryland, recently held in the former county.

This semi-annual meeting has already produced such good that the friends of the Faculty should take new hope and push ahead in the work of organization which has been inaugurated through its officers. The movement inaugurated by the physicians of Washington County, is worthy of every encouragement and we sincerely wish that the example which it establishes will be followed by the profession in the various counties of the State where organization is possible. Let this work go ahead and a new day will dawn for the profession of Maryland. From all parts of the State we are in receipt of communications from leading physicians approving of the course of the Faculty and endorsing the movement on foot to hold a convention in this city on January 2nd, 1890. As this convention assembles for the specific purpose of securing the passage of an act to Regulate the Practice of Medicine in Maryland, we again remind our readers of its importance and urge their earnest support and co-operation.

If one will carefully read the handwriting on the wall, it will not be difficult to detect the important influence which this movement will have upon leading bodies in this and in other cities.

The time is ripe for reform and if the profession in Maryland, will move as a body the reform will surely follow. Let the profession take courage and press forward.

THE TREATMENT OF SYPHILIS.

When a physician does not see a large number of syphilitic cases, he is apt to be a little surprised and disappointed at the result of the routine treatment. With the fundamental ideas as to the specifics to be used against this disease, he starts on a course of mercury with or without the iodides and keeps this up with little variation for long periods. The result is that his cases may improve at first, but in many instances they decline to improve beyond a certain point.

Dr. R, W. Taylor (*Medical News* December 7, 1889), gives three systems of treatment as used by himself, namely; the expectant, or symptomatic, the continuous, or so-called tonic treatment, and the treatment by interrupted courses. In his experience the treatment of syphilis by interrupted but carefully regulated courses of mercury at first, and of mercury and iodide of potassium later on is the most satisfactory. In his opinion the protiodide or green iodide and the tannate of mercury will answer all purposes, Inunctions on the earlier stages are recommended and the hypodermic method should only occupy a subordinate place,

The great point in the use of any treatment is in its interruption. The mercury or iodide is to be stopped and a tonic treatment substituted or the form of the remedy may be changed. When a patient is peculiarly susceptible to the iodides in any form, the treatment is not so easy. The bichloride and tannate are the only two compounds that are reliable and the former often has a very irritating effect on the gastro-intestinal tract and is more apt to cause salivation.

Thus the treatment of syphilis which is pronounced by the best authorities as curable and for which havewe undoubtedly a specific is not so simple a method as would at first appear.

In the MARYLAND MEDICAL JOURNAL for July 7th and 14th, 1888, Dr, George H. Rohé gives a variety of prescriptious for use in syphilis.

Dr. James A. Steuart the Commissioner of Health requests physicians, midwives and others to send in a full return of all births for 1889 in this month, in order that the record may be complete.

Reviews, Books and Pamphlets

A Treatise on Materia Medica, Pharmacology and Therapeutics. By John V. Shoemaker, A. M., M. D., Professor of Materia Medica, Pharmacology and Therapeutics in the Medico-Chirurgical College of Philadelphia, etc., and John Aulde, M. D., Demonstrator of Clinical Medicine and of Physical Diagnosis in the Medico-Chirurgical College of Philadelphia, etc. In Two Volumes. Volume I. Devoted to Pharmacy, General Pharmacology and Therapeutics and Remedial Agents not properly Classed with Drugs. Philadelphia and London: F. A. Davis, 1889. Pp. 353. Price in Cloth $2.50. Sheep $3.25 Net.

If there is one book above another that is hard to make interesting it is one on the above subject. In part one of this volume the various drugs are treated and in part two the remedial agents used in the treatment of disease but not properly classed with drugs, such as electro-therapeutics, oxygen, hydro-therapeutics, masso-therapeutics, heat and cold, mineral waters, metallo-therapy, transfusion, hypnotism and suggestion, earth dressing, Baunscheidtismus, climatology, light, music, blood-letting and suspension. The book is up to the latest times and discusses boldly all the remedial agents mentioned, giving each one its value. It is interleaved with blank pages for notes and is neatly bound.

Essentials of Materia Medica, Therapeutics and Prescription Writing Arranged in the Form of Questions and Answers, Prepared Especially for Students of Medicines, (Being Saunders' Question-Compend., No. 7). By Henry Morris, M. D., late Demonstrator Jefferson Medical College, Philadelphia, etc. Philadelphia: W. B. Saunders, 1889. Pp. 250. Price $1.00. Interleaved $1.25.

If a student can answer all the ques-

tions put in this little manual, he is fitted to pass any examination in this branch. The work is compact and evidently up to date, and appears to be as good as most quiz works are. As the author stated, is not intended to supplant the larger books.

Essentials of Pathology and Morbid Anatomy, (Being Saunders' Question-Compend, No.6). By C. E. Armand Semple, B. A., M. D., Cantab., etc., with 46 illustrations. Phildelphia: W. B. Saunders, 1890. Pp. 160. Price $1.00. Interleaved, $1.25.

This is a later edition of a book published in the "Students Aid Series," by G. P. Putman's Sons and already noticed in these columns.

A Compend of Human Physiology, Especially Adapted for the use of Medical Students, (Being Quiz Compend No. 4)., By Albert P. Brubaker, A. M., M. D., Demonstrator of Physiology in the Jefferson Medical College, Philadelphia etc. Fifth Edition; Revised and Enlarged, with Illustrations and a Table of Physiological Constants. Philadelphia: P. Blakiston, Son & Co., 1889. Pp. 188. Price, $1.00 Interleaved $1.25.

If the hard worked student does not pass his examinations, it is not the fault of these many quiz compends. This one has evidently met with a warm reception as it has reached its fifth edition. This seems to be a very useful book, containing dry facts and no padding.

Through the Ivory Gate; Studies in Psychology and History. By Wm. W. Ireland, M. D., Edin., Formerly of H. M. Indian Army; Corresponding Member of the Psychiatric Society of St. Petersburg, and of the New York Medico-Legal Society; Author of "The Blot upon the Brain." New York: G. P. Putnam's Sons, 1889. Pp. 311. Price $3.00.

This book seems to be a sequel to the "Blot upon the Brain." It is a psychological and historical study of the lives of Emanuel Swedenborg, Wm. Blake, King Louis of Bavaria, Chas. J. Guiteau, Louis Riel, Gabriel Malagrida, Theodore of Abyssinia and Thebaw, king of Burma. The idea is to show the manner in which these characters were led away by delusion or uncontrollable passions, and as the author says, "they were visited by spectres which passed through the Ivory Gate." The book forms an exceptionally interesting study.

The Evil that has been said of Doctors; Extracts from Early Writers Collated from "LeMal qu'on a dit des Médecins" of Dr. S. J. Witkoski. Translated with Annotations. By T. C. Minor, M. D. Cincinnati: Reprint from the *Lancet-Clinic*, 1889. Pp. 136. Robert Clarke & Co.

This is a curious collection of anecdotes, etc., of physicians taken from the early Greek, the early Latin, French and English. Many of them are familiar and many probably new to most readers. It is a little work, well worth perusing, and goes to show how from the earliest man has always made fun of the doctor until he gets sick.

The Cure of Crooked and Deformed Noses. By John B. Roberts, A. M., M. D., Professor of Anatomy and Surgery in the Philadelphia Polyclinic, etc. Philadelphia: P. Blakiston, Son & Co., 1889. Pp. 26.

The object of this little pamphlet is to advise surgeons not to let ugly and deformed noses alone, but to practise æsthetic surgery and study the best operation for correcting these deformities.

The Medical News Visiting-List, 1890. Philadelphia: Lea Brothers & Co., 1889.

Physician's Visiting-List (Lindsay & Blakiston's) for 1890. 29th year of its Publication. Philadelphia: P. Blakiston, Son & Co., 1889.

These two visiting-lists continue to maintain their high standard of excellence. Blakiston's list is a little more compact (always an advantage), but neither is too large for the pocket. Few changes have been made since last year. Several drugs mentioned in the list of new remedies have been mentioned for several years past, and might with advantage be omitted. Indeed, the opening pages in both books contain almost too much.

Johns Hopkins Hospital Bulletin, Volume I., No. I.

The opening number contains a prospectus of instruction at the Hospital, a brief account of the Training School, short articles by Professors Welch and Osler, Proceedings of the Society and Journal Club and some announcements. The cut of the hospital on the first page is certainly not ornamental.

The Medical Mirror. A Monthly Reflector of the Profession and its Progress. I. N. Love, M. D., Editor, St. Louis, Mo.

The *Mirror*, which will endeavor to accomplish the complete organization of the profession of the Mississippi Valley, has for its editor one who has a fondness for journalism and who will necessarily make a success of this undertaking. Its first number will appear January 1st.

Germania. A Fortnightly Journal for the Study of the German Language and Literature. Published at Manchester, N. H. Price $3.00 a Year.

This is really an excellent magazine and is so divided that part will suit the beginner and part the more advanced student. It is published every two weeks, and lovers of German language and literature, and those having a thirst for this kind of knowledge should send for a copy.

Scribner's Magazine for December, 1889. The most noticeable part of this exceptionally attractive number of Scribner's is an article entitled "The Pardon of St. Anne D'Auray," by Dr. Wm. Perry Northrup, of New York. As most physicians are supposed to be very practical, unsentimental and unimaganative, this article will prove that one at least has made a name for himself both in medical and general literature.

Magazine of Art for December, 1889. Cassel & Co., New York. $3.50 a year. Single numbers of 75 cents.

This very attractive number begins the new volume. "The Philosophy of Laughter," by Charles Whibley is a very readable article and fully illustrated. The anatomy and physiology of laughter is also considered.

Official Proceedings of the Chicago Medical Society. Supplement to the Western Medical Reporter.

This contains an exceedingly valuable translation by Dr. J. C. Hoag, of Chicago, "Concerning the Instruction of Midwives." It is from the rules which regulates the functions of all Austrian midwives.

A Manual of Obstetrics. By A. F. A. King, Professor of Obstetrics and Diseases of Women and Children in the Medical Department of the Columbian University, Washington, D. C., and in the University of Vermont, etc. With 141 Illustrations. Fourth Edition. Philadelphia: Lea Brothers & Co. 1889. Pp. XXIV—25 to 431. Price, $2.50.

Foods for the Fat: a Treatise on Corpulency and a Dietary for its Cure. By Nathaniel Edwad Davies, Member of the Royal College of Surgeons, England. American Edition. Edited by Charles W. Green, A. M., M. D. Philadelphia: J. B. Lippincott Company, 1889. Pp. VII—9 to 138. Price, 75 cents.

Disturbed Equilibrium of the Muscles of the Eye as a Factor in the Causations of Nervous Diseases. By A.

Friedenwald, M. D., Baltimore. [Reprinted from the "Transactions of the Medical and Chirurgical Faculty of Maryland."]

Description of a Case of Embolism of the Left Central Retinal Artery. By Charles A. Oliver, M.D., of Philadelphia. [Reprinted from the "Transactions of the American Ophthalmological Society."]

The Surgical Treatment of Erysipelas in Children. By A. Seibert, M. D., Professor of Diseases of Children. New York Polyclinic, etc. Reprinted from *N. Y. Med. Journal.*

Enteralgia and Chronic Peritonitis. By A Jacobi, M. D., New York. Reprinted from Transactions of the Medical Society of Virginia.

Concealed Pregnancy. Its Relations to Abdominal Surgery. By Albert Vanderveer, M. D., Surgeon to the Albany Hospital, etc. Reprinted from *The Journal.*

A Hitherto Undescribed Disease of the Ovary; Endothelioma Changing to Angeioma and Hæmatoma.

Two Cases of Removal of Uterine Myoma; one, Suprapubic Hysterectomy; the other Complete Hysterectomy. Reprinted from the *New York Med. Journal.*

Misplacements of the Uterus. Reprinted from the *Pittsburgh Medical Review.* By Mary A. Dixon Jones, M. D., Surgeon to the Woman's Hospital of Brooklyn.

Case of Syphiloma of the Cord of the Cauda Equina. Death from Diffuse Central Myelitis. By Wm. Osler, M. D., Professor of Medicine, Johns Hopkins University, Baltimore.

Medical Communications to the Boston Medical Society. Vol. XIV., No. III., 1889. Boston: David Clapp & Son, 1889.

Miscellany.

PHYSICAL SIGNS OF PULMONARY CAVITIES.

Maguire (Clin. Lecture, Brompton Hospital, London, June 12, 1889; Personal Report) spoke of certain conditions that might be found in cases of pulmonary cavities. From these remarks are taken certain observations relating to the percussion-note.

There are three modifications of the percussion-note typical of pulmonary cavities:

1. *Weinbruch's Modification.*—Percussion during either act of respiration with the mouth open gives a higher pitch than when the mouth is closed. When the mouth is open we have three cavities—nostrils, mouth and pulmonary cavity—and the vibrations produced in this continuous tube are of different quality from those produced where the exit of the air is shut off by one or more being closed. The bronchus must have free communication with the cavity.

2. *Friedreich's Modification.*—In inspiration the note is higher than in expiration, During inspiration the chest-walls are acted upon by muscles which cause a certain amount of tension, and so raise the note.

3. *Gerhardt's Modification.*—The percussion-note is higher when upright than when lying down. The cavity must contain a certain amount of fluid. When upright, the long axis of the cavity is parallel with the long axis of the body. There exists a long column of air which is set in vibration. When lying down the relation of the axis of the cavity to that of the body is changed, and there exists merely a short column of air, the vibrations of which differ from the first. The fluid in these conditions gravitates to the bottom of the cavity. When upright, it occupies a small space; but when lying down it covers, necessarily, a larger area, and produces a column of air having width, but not length.—*Brooklyn Med. Journal.*

Medical Items.

At the fair recently held for the benefit of the New City Hospital, $20,000 was raised.

The Emperor William is said to be suffering from his ear again.

The new State of Washington has a law to regulate the practice of medicine.

The Boston Medical and Surgical Journal of November 28th contains a report of the Hagerstown meeting of the State Society.

Those who seem to know, say the influenza will be here as an epidemic after Christmas.

The New City Hospital will be formally opened on Monday, Dec. 23, 1889, at 7 o'clock P. M. Addresses will be made, followed by a supper.

Dr. Thomas Opie who wounded his finger while operating on a case of purulent peritonitis, has so far recovered from blood-poisoning as to be considered out of danger.

The College of Physicians and Surgeons of New York will hereafter emulate Harvard, and charge $200 as its annual tuition fee.

Dr. Horatio C. Wood delivered an address at the Woman's College(not medical) of Baltimore last week. Many physicians were present.

It has been proved that heartbeats can be detected by electricity. The hands of a subject dipped into two basins of water in connection with a capillary electrometer, cause a deflection of the instrument at every beat of the pulse.

The Presbyterian Hospital in New York was badly injured by fire last Thursday night. By the bravery of citizens in the neighborhood and the firemen, all patients were safely removed to Mt. Sinai Hospital and other places near by.

The Board of Managers wish it to be known that at the Hospital for Women, corner of John and Townsend Streets, there are twenty(20) free beds, to which physicians may send poor and needy women, requiring special professional services.

Dr. Hans Virchow, *Privatdocent* in the Universary of Berlin, and Prosector in the Anatomical Institute, has been raised to the rank of Professor Extraordinarius. Dr. Hans Virchow is a son of the celebrated pathologist, and is himself an authority on the comparative anatomy of the eye, and on embryology.

At the Ophthalmological Congress recently held at Heidelberg, the Graefe Prize was awarded to Professor Deutschmann, of Hamburg, for his essay on Ophthalmia Migratoria. Dr. Uhthoff, *Privatdocent* of the University of Berlin, received an honorable mention for his work on the Influence of Chronic Alcoholism on the Visual Organs of Man.

On October 19th, the late Brazilian Minister of Justice sent a circular to all presidents of provinces, directing them to institute criminal proceedings (*proceder criminalmente*) against all persons practising medicine without legal title. It is to be hoped that in this point the new Republic will show itself as enlightened as the Imperial Government which it has supplanted.

The Medical Association of Calvert County was permanently organized at the office of the Secretary Dr. J. F. Shemwell at Prince Fredericktown last week. This association, which has already an active membership of nearly all the practising physicians of that county, will hold its meetings regularly at the houses of its members, and the work will consist of discussions, original articles assigned special investigations, etc. This society has a bright future.

Dr. Prince A. Morrow, *Journal of Cutaneous and Genito-Urinary Diseases*, 66 West 40th street, New York, makes the following announcement:—In view of the general impression that Leprosy is spreading in this country, it is desirable, in the interest of the Public Health, to obtain accurate information upon this point. He is engaged in collecting statistics of all cases of Leprosy in the United Stares, and he would ask members of the profession to aid in this work by sending a report of any case or cases under their observation, or coming within their knowledge.

Please give location, age, and nationality of the patient, and form of the disease—Tubercular or Anæsthetic; also any facts bearing upon the question of contagion and heredity.

Original Articles.

A REVIEW OF HYPNOTISM.*

BY G. J. PRESTON, M. D.,

Professor of Nervous Diseases, College of Physicians and Surgeons, Baltimore, Md.

(*continued from page* 146.)

One of the most enthusiastic and distinguished of Mesmer's pupils was the Marquis de Puységur, and to whom is due the discovery of magnetic somnambulism, as he designates it. The discovery was made accidentally, for as he was hypnotising one of his patients he found that he could direct his thoughts and make him perform any movements at will. The fame of Puységur entirely eclipsed that of Mesmer and vast crowds of people collected around him from all parts of France. About his time Dr. Pétetin, of Lyons, observed and recorded the phenomena of catelepsy as one of the hypnotic states. The Abbé Faria, a Portugese priest, held sway for a time in Paris and exploited the newly discovered somnambulism.

At the request of Dr. Foissac, the Academy took up the subject of animal magnetism, and the admirable report of Husson, of the Hôtel Dieu was of a nature too favorable to be accepted by that body, but was ordered to be printed. (See *Rapports et Discussions sur le Magnétisme Animal*, par M. P. Foissac. Paris, 1883). This was in 1831, and six years later the subject was again brought before the Academy and a large reward offered to any person who would successfully perform certain tests, such as reading with the eyes blindfolded, telling the contents of a closed book, etc. These severe tests completely discomfited the advocates of animal magetism, for the three subjects who competed for the prize made most signal failures and the Academy determined to have nothing further to do with this subject.

For a few years the subject rested, but in 1841 James Braid of Manchester, England in a spirit of scepticism, began a series of investigations which resulted in a clear enunciation of the most valuable element of hypnotism, named Hypnotic Suggestion. Braid absolutely discarded the fluid theory of Mesmer and others, and showed that the condition was brought about by the fixation of the attention absolutely, for a time, upon some object, either presented to the eye or heard by the ear. In this condition, with the attention riveted on some object, the imagination is at the mercy of any passing influence, and the unreal is accepted with no more hesitancy than in a dream. So far he was on solid ground, but unfortunately the doctrine of phrenology was rife at that day, and he incorporated it into his system, alleging that by touching certain "bumps" the faculty of which they were the seat would be called into action; the subject being hypnotised. He also remarked that very curious fact that the mental state of the person hypnotised could be altered at will by giving to the body expressive attitudes. Braid also made use of hypnotism as a therapeutic agent. About this same time, and apparently independently, Grimes, in America promulgated the doctrine of "electrobiology." He was followed by Drs. Phillips and Dods, the latter delivering a series of lectures on the subject before a committee of Congress in 1850. The work of these last mentioned observers threw no special light on the subject, as they covered the ground, so carefully gone over by Braid. In 1858, Dr. Azam of Bordeaux confirmed the discoveries of Braid, and observed especially, the phenomenon of hypnotic anæsthesia. Velpeau and Broca made a communication to the Academy of Sciences on the use of hypnotism for surgical operations. Many other communications of like nature had been furnished by surgeons, the most important of which was that of Esdaile, a surgeon in the hospitals at Calcutta, who wrote to Braid that he had performed six hundred or more capital operations during the hypnotic sleep.

Professor Lasègue in 1865 published his experiments on hysterical subjects in whom he readily provoked catalepsy,

*Read before the Medical and Chirurgical State Faculty of Maryland, at its Semi-Annual Meeting, held at Hagerstown, Md., November 12 and 13, 1889.

In 1875 M. Ch. Richet made a careful study of the condition of somnambulism and of the production by the will of the operator, of any variety of hallucination, together with the curious fact of the modification of personality. In 1879 M. Charcot began the study of hypnotism and his genius put it upon the most scientific basis it had as yet occupied. By confirming the facts and collecting and arranging the observations of earlier workers in the field he has given us a clear statement of the subject and a convenient classification of its different states.

The object of this paper being to review the field, space will not permit any discussion of the moot questions and allows only a rather brief summary of the present status of hypnotism. When we come to consider the nature of hypnotism, we are launched upon a sea of boundless speculation. Rumpf has proposed the theory that the state of hypnotism is brought about by vascular changes in the brain, Preyer that an oxidizable substance is formed by the cells of the cortex of the brain when specially active, Brown-Séquard that inhibition plays a prominent part, and so we might go on at great length. The explanation of the hypnotic state, if it may be called an explanation, which seems to us most satisfactory is the following: By certain procedures our attention, to use a loose term, carrying with it volition, is riveted upon a certain object or idea, thus leaving our other intellectual and physical apparatus free. Every one is perfectly familiar with this condition of abstraction. When occupied with an object or idea one responds to external stimulation, as brushing away a fly from the face for example, or may answer questions rationally but automatically. We withdraw, as it were, the will from its work of general direction and supervision and concentrate it upon some single thing. One is made to look intently at some bright object and told not to let the mind wander from it. Soon the muscles of the eyes become fatigued, the eyes gradually close, and the suggestion of sleep is strongly made. Just as in the dreams of natural sleep certain cells are functionally active and no selective or controlling influence is exercised over them, and images and events which in our waking moments would be monstrous are accepted without protest, so in the hypnotic state with volition off duty, so to speak, or more exactly detailed for special duty remote from the scene of action, suggestions enter the mind freely, hallucinations are easily provoked and the unreal is received and acted upon as real.

That some of the old superstition concerning hypnotism still lingers in the ordinary mind is evidenced by the frequently asked question whether the power to induce this state is not a peculiar one and resident only in certain persons? As has been shown, the individual himself really is responsible for the condition, the hypnotizer merely aiding in the matter of suggestion. The more decidedly and imperatively suggestions are given the more apt are they to be received and acted upon, and there is room here for some display of tact. Then, too, if the operator begets confidence it becomes easier for him to aid in the production of hypnotism, and the oftener he hypnotises the same individual the easier it becomes. Beside this there is no more virtue in one person than another.

When we turn our attention to the question, what kind, and what proportion of persons are capable of entering the hypnotic state, opinion is considerably at variance, Charcot and the school at the Salpêtrière maintaining the view that the condition in its true form is to be seen only in hysterical persons, or at least in those of a nervous temperament. Bernheim and the Nancy school hold that hypnotism can be induced in perfectly healthy individuals. The difference, which is an important one, being whether this is an abnormal condition, a sort of nervous disease, or is it simply a normal modification. The weight of evidence it seems to us point decidedly in favor of the former hypothesis. The best subjects are usually women, and drawn from the class of "nervous temperament," that is having a nervous system highly organized and

more or less unstable. In favor of this view we find Charcot, Paul Richer, Dumontpallier, Magnin, Ball and Chambard. On the other hand Bernheim, Liébeault, Bottey and others contend that the hypnotic state is merely a normal modification. The question needs yet more investigation and hinges on two points, one being the meaning of "nervous temperament," the other the classification of hypnotism which is adopted, of which we shall speak in a moment. As to the proportion of persons who can be hypnotised, the testitimony of observers is at great variance, ranging from 15 per cent. by Durand to 30 by Bottey and 95 by Bernheim and the Nancy school, this difference depending, as above, on the classification adopted. "Generally speaking, the persons who most easily enter into the hypnotic state are illiterate persons, docile spirits, those accustomed to obey, as soldiers and domestics." This statement, which is from Bernheim, must be taken with a great deal of allowance, for if we lean to the idea that persons of a nervous temperament are most easily affected, we are more apt to find them in higher social planes than the classes mentioned above by Bernheim. This much may be said, that it is a *sine quâ non* that the person to be hypnotised must be able to concentrate the attention and kept it so fixed for a certain time. It is almost impossible, for this reason, to hynotise the insane.

The methods of inducing hypnotism now in vogue are very simple, and the fantastic paraphanalia and elaborate system of "passes" of Mesmer and his school have fallen into disuse among all scientific workers. It is simply necessary to have a quiet room, not too many inquisitive observers, and the cöoperation of the subject, and any one af the following methods may be pursued. Fixation, either by holding some bright object close to the subject's eyes, and in such a position that the muscles of the the eyes will be most readily fatigued, or by the operator requesting the subject to regard him steadily, thus fixing the eyes by the gaze. Again, many subjects may be hypnotized by simply holding the eyelids closed and maintaining a slight pressure upon the globes. Persons easily hypnotised may be thrown into the state by listening to a watch or to any monotonous sound. In some instances very susceptible persons are almost immediately hypnotised by some sudden sound, as is done in the Salpêtrière by striking a gong. Space does not permit any elaboration of these well known procedures. It is always advisable to make use of suggestion, such as telling the subject that his eyes are getting heavy, that he is going to sleep, and finally to give the command in an imperative manner. Some patients who have been often hypnotised by the same individual need but to be told to sleep. Many different modes of classifying the various stages of the hypnotic state have been proposed, but the one given by M. Charcot is certainly the most scientific and serves as a basis for all the others. He divides the hypnotic state into three stages—catelepsy, lethargy and somnambulism. Catalepsy is the first condition, induced either by fixation or, often in very sensitive subjects, by a sudden noise. The characteristic of this condition is immobility. If the limbs be put in certain positions they will remain fixed for a long time. It is wonderful, and a proof of the genuineness of the condition, that the subjects will keep the arms extended without any tremor for twenty or thirty minutes, a thing impossible to feign, or at least extremely difficult. The eyes are wide open, the expression impassive. We find no hyperexcitability of the muscles that is so prominent a feature in the other states, and there is a general cutaneous anæsthesia. If the eyes of the cataleptic be kept closed for a time the state of lethargy is produced. The eyes closed, the head sunk on the breast and every evidence of profound sleep. The limbs, when raised, drop back is if paralyzed. There exists complete insensibility of the skin. In this condition one may observe the phenomenon of musucular hyperexcitability. By pressing on certain muscles or on the motor

nerve controlling them a strong contraction results, so strong that it is impossible to overcome it by force, and the only way to restore the muscle is by exciting its antagonist. For example: If the biceps has been excited and the arm flexed, the only way to overcome this flexion is by exciting the triceps. If the eyes are opened the condition of catelepsy is re-established. The other state, somnambulism, may be produced independently, as when the subject is put to sleep by suggestion, or it may be obtained by making slight friction on the top of the head of an individual in the state of lethargy. There is complete insensibility of the skin to pain. The muscles are excited to contraction, not by deep pressure, or by touching the motor nerve, but by the lightest excitation of the skin, and contractions are overcome by slight additional friction. In this condition all the senses are very much heightened and the cerebral faculties share this excitation. In this condition the subject is an automaton, obeying the will of the operator. On awakening there is no recollection of what has passed. From any one of these three states the subject can be awakened by the operator calling on him to wake, or by suggesting that he is awake, or by lightly blowing on his eyes. Such is the classification of M. Charcot. It is as M. Cullerre says, an ideal classification, which, unfortunately, has many exceptions.

Liébault gives six stages, the earlier ones being a light somnolence, and the conditions of catalepsy and somnambulism are not differentiated. Bernheim follows Liébault and adds three other stages, making nine in all. Space does not permit any discussion of these different classifications, but it may be said in passing that the fact that Bernheim and his school include those light somnolent conditions under the general term hypnotism may explain the high per cent. (95) of hypnotisable subjects which they have obtained. This school denies the fact of muscular hyperexcitability so strongly insisted upon by Charcot, saying that it is simply a phenomenon of suggestion.

Many observers unite in saying that it is not possible to draw any sharp distinction between the different stages, and that the various phenomena which have been mentioned, occur without any regular order.

Charcot has described several minor, or intermediate states, among which may be mentioned a very mild form of lethargy and a condition which he calls the state of "charm" or "fascination," the important feature of these two states is that, unlike the regular and fundamental states mentioned above, the subject remembers, upon awakening, all that has passed.

The phenomenon of hypnotic suggestion has been known and practised, as we have seen for a long time. Any one who has seen experiments with hypnotism, especially by the professional mesmerist is familiar with the routine performances of making the subject go on a journey to the moon if desired, changing their personality, inducing hallucinations of every form. This phenomenon, in a good subject, is limited only by the imagination of the individual making the suggestions. In the lethargic and cataleptic state only a limited exercise of suggestion is possible, such as presenting a pen to a subject, who will immediately begin to write, and the curious experiments, seen in the cataleptic condition, of placing the hands in some suggestive attitude, when the face will assume the corresponding expression. For example if the hands are put in an attitude of defence, the face assumes a frown, if in a beckoning attitude, a smile overspreads the features, and so on. The state of somnambulism is the one *par excellence* in which to make suggestion. This feature of hypnotism is too well known to require any description. It has been found possible in the case of hysterical individuals, and those who have been hypnotised very often, to influence them by suggestion in the waking state, and the subject is one of interest and requires more investigation.

The most interesting feature connected with hypnotic suggestion is the fact that it is possible to suggest to a subject who is hypnotised, some action to be per-

formed after awakening. This curious phenomenen has been studied by many observers, and many interesting facts brought out. A person in the somnambulic state, is told, "To-morrow, at a certain hour you will do a certain thing." When the appointed time comes the individual without being able to give any reason for his action, does what had been suggested the day previous. This suggestion has been found to persist for weeks, and Bernheim mentioned a case in which more than two months elapsed between the making of the suggestion, and the performance of the act suggested. A very nice legal question comes in here, for it has been proved that it is possible to suggest murder, theft and the like with such force that a subject might really put the suggestion into operation. For example: a hyptonised subject is told that a certain person has greatly wronged him, and easily persuaded to put poison in the food or drink of such a person. Some harmless powder is made to play the part of the poison, and it is administered with a skill worthy of a poisoner of the middle ages. In his most interesting work *On the Medico-Legal Aspect of Hypnotism*, M. Gilles de la Tourette has thoroughly explored the possibilities of criminal suggestion, and shown the necessity of a law upon the subject, and it has been found necessary in France to place a legal restriction about the employment of hypnotism, or at least to recognize it in the code.

Many curious instances of auto-hypnotism might be mentioned, as the case related by Braid, who sent one of his assistants into another room to hypnotise a subject, and upon coming to him again found the subject awake, and the assistant profoundly hypnotised. Another writer mentions a young girl who would fall into this state by gazing at herself in a looking-glass, and instances might be multiplied indefinitily.

Of the value of hypnotism it is not the purpose of this article to speak. Suffice it to say that its value has been largely overestimated, both in the early days and at the present time. Its psychological value is worth something, for it allows the student of mental philosophy to study the action of the mind under peculiar circumstances. Its value in the cure of disease is not great and is confined almost, if not quite entirely, to certain hysterical conditions. It has had this good effect, that it has shown how much it is possible to accomplish over the body by the influence of suggestion. One cannot speak with very great confidence of the experiments related by certain observers, of causing a blister on the skin by a postage stamp, which the subject believed to be blistering ointment, yet certain well known names vouch for it, and photographs of the blisters thus produced are given. Still more incredible are the experiments performed by M. Luys and others, of suggestion at a distance. Near the hyp notised subjects are held small phials containing different drugs, and the various effects are thus produced: drunkenness from alcohol, sweating from pilocarpin, and the like. It is impossible to believe that there was not some suggestion made as to the effect desired to be produced, for as we know the senses of the subject in the somnambulistic state are much heightened, and sounds and odors which would escape the notice of an individual in the waking state, are perceived by them. Such phenomena as the transfer of anæsthesia from one side of the body to another by the magnet, and of hypnotising one individual by placing a magnet between him and a person in the hypnotic state, are clearly, as M. Bernheim has pointed out, matters of suggestion. Probably, though by no means certainly, hypnotism may be useful in certain mental conditions which lie on the borderland of insanity, such as hypochondria, melancholia, mental hysteria and the like. It was thought at one time, that it would be very useful in the treatment of the insane, and great things were expected of it, but M. Voisin of the Salpêtrière, who has taken the lead in these experiments, told the writer recently, that he had only met with a small number of cases that had been cured or relieved by this means, and that from the nature of the case it was exceedingly difficult to hypnotise the insane, or to make any lasting impression

on them even were they hypnotised. In conclusion the writer would state again that it has not been his intention to discuss the various theories of hypnotism, nor to describe at length its different phases, but simply to briefly review the subject from the early days down to the present time, and show its evolution, as it were, from a mystic superstition to a well recognized psychic state.

AN OBSCURE CASE OF PTOMAINE POISONING. *

BY A. K. BOND, M. D., OF BALTIMORE.

The case to which I invite your attention, fell under my care in August of the past Summer. The patient was a well built colored man, thirty years of age. About the end of June, 1889, he was afflicted with a palmar abscess of great severity, which was a month in healing. In the end of July, while still very weak, he ate some huckleberries (whortleberries). That night about twelve o'clock he was taken ill with pain in the stomach. He took some medicine and vomited *bile*. A dose of castor oil was also vomited. A doctor, on being summoned, gave senna and manna which moved the bowels several times, causing pale, soft passages. From the first night after he ate the huckleberries he suffered with swelling of the abdomen, (evidently caused by distention of the bowels with gas) and severe pains in certain parts of the abdomen. The doctor treated him for three weeks for his pains without avail, and then gave him up, stating, as I was informed, that he did not know what to do for them.

On the 24th of August 1889, I was called to him. I found him lying on his back, with sunken cheeks and troubled expression, complaining of swelling of the abdomen and very severe pains in it. His abdomen was intensely distended, tympanitic in some parts, the most painful point being in the right iliac region. On account of the pain I could not map out the organs. I could detect no tumor. Tongue was moist and clean, except a slight white fur in its middle. The mouth was moist. The patient was quite intelligent. The pain kept him awake at night. There were no physical signs of lung disease, although he had a slight loose cough, which was said to be chronic. He had a slight diarrhœa--I did not see these stools. The urine was normal in color and quantity, and free from sediment. It gave no test for albumen, and contained no considerable quantity of bile, if any. There were no casts. There was no jaundice of body nor face. The temperature was not above 101°, pulse was 100 respiration about 30.

Not expressing a diagnosis, I sought to ease his abdominal pain, and check his painful diarrhœa. I gave lead acetate gr. 1½, opium gr. ⅔ in pill every four hours, and ordered turpentine stupes to the abdomen. (I may state that his mother nursed him very skillfully, and that both the patient and his nurse were quiet, self-controlled persons.) At my visit next day, August 25, found that he had slept well and had had no more stools. Abdomen was less painful, and not so tense. The patient could not urinate unless he sat upright. He could now lie at times on the side, which I counted a good sign. Not wishing to constipate, I gave now opium gr. ⅔, camphor gr. 1 every four hours, instead of the opium and lead. Next day August 26, he was still better, the pain coming on only at times, especially after the ingestion of milk or water.

August 27th.—Still no stool. Tongue becoming brown in centre though still moist. Stopped opium and camphor and gave calomel gr. 1, sod. bic. gr. 1. Three hours after the first dose of this I was called in haste as he was in great pain. He said he had not made water for some fifteen hours, and could not empty his bladder. I drew off his urine, giving great relief. The urine was abundant, of a deep red color.

August 28th. Several large stools, the first, hard and dark, the others soft (not liquid) and very yellow. In the afternoon he told me he felt much better, ex-

*Read before the Baltimore Academy of Medicine, November 19th· 1889.

cept that his cough waked him when he slept, and jarred his abdomen very painfully. For cough, I gave him codei. sul. gr. ½ in syrup of tolu and water. Urine was now freely passed without the catheter. Tongue was moist and good.

August 29th and 30th. Did well, taking milk and liquid foods as before, and having few or no stools. I had given him quinine grs. ii t. i. d. in pill with ac. sulphur. dil. for two days without benefit, so I stopped it.

August 31st. Finding bowels still windy and painful, I gave tr. nuc. vom. gtt. v. In the evening I found he had passed many stools, at first yellow and semi-solid, then liquid. I gave again, lead and opium, and stopped the nux vomica. Next day he felt better, and had no stools.

At the end of my first week of treatment, and the fourth of his illness, the case now stood as follows: Patient had been greatly relieved of pain, and could lie on the side and sleep, but was still unable to leave the bed. The abdomen was still painful and swollen, and subject to great increase of pain and swelling. The swelling seemed now more about the epigastrium, and the pain was not confined to the right iliac region, but was felt over the bladder and elsewhere. The stools had been sometimes, slightly bloody, sometimes yellow and soft, sometimes liquid, but they had never been ill-smelling. Sometimes the urine had been retained, requiring the catheter, and sometimes there had been no urine at all in the bladder for as long a period as ten hours, as proved by introduction of the catheter. Blood had been coughed once, but at other times only a little white mucus had been expectorated. The temperature had not gone above 102°, the pulse being good and running from 100 to 120, and the respiration from 25 to 30. There had been no jaundice, no delirium, no progressive wasting. The tongue was becoming more and more brown in the centre and somewhat dry. Bowels were moved only when calomel was taken, but then acted readily. Quinine in two grain doses t. i. d. for two days had neither lessened fever nor done any other good. Essence of peppermint internally, and turpentine stupes temporarily relieved pain, paregoric succeeding where they failed.

What was the nature of this illness? I was as much in the dark as his former physician, though I had given him very much more relief to various symptoms. It could not be inflammation of the cæcum and adjacent parts, for there was no tumor, and the pains were not now located there. The mental trouble and emaciation, the dry tongue and foul stools of typhoid fever were wanting. Tubercular peritonitis seemed most probable, but there was no effusion, and the patient had periods of comparative health.

During the first half of the second week of my attendance, the case became even more puzzling. The pains were, as before, now severe, now almost gone. Pulse, respiration and temperature about the same. He began to suffer from painful hæmorrhoids, which I treated, with little benefit, with tannin and opium ointment and simple cerates. In passing the finger into the bowel I found the sphincter difficult to overcome. He had retention of urine again for many hours. I drew it off in the morning with a catheter, and in the evening, although he had passed no water in the interval, the catheter found his bladder still empty. The eye of the metal instrument brought away a little blood. Milk and other drinks still caused attacks of abdominal pain.

On the evening of September 3rd, I found him in great pain from distention of the bowels with gas. In giving him essence of peppermint to relieve this trouble, I caused him to vomit. He vomited, first blood, and then *bile* in considerable quantity. Could it be possible that "biliousness" was at the bottom of the whole trouble. I had given him grain doses of calomel at times with benefit, but perhaps I had not thoroughly "purged the bile away." Although the nature of the "bilious" state has never been clearly understood, it is well proven that suitable doses of calomel will cure it. This is one of the best established facts in therapeutics.

The result of this new course of treatment was most satisfactory. In two days the patient, who had now been ill for more than four weeks, was fairly convalescent,—saved from what really seemed to be impending death. I gave calomel in two or three grain doses, with equal parts of bicarbonate of soda, three times a day, for two days and a-half, watching against salivation. The first day many yellow soft stools were passed; the second day the same, ending with a stool of hard green matter; the third day numerous soft stools were passed and the calomel was stopped on account of soreness of one side of the mouth. Each day the patient felt better than the day before. Appetite returned; fever went down, along with pulse and respiration; tongue cleaned; urine became free and of normal color; distention of abdomen and pain vanished. All drugs were stopped except chlorate of potash wash for the mouth, and an occasional dose of Epsom salts whenever costiveness threatened.

September 11th. He was able to sit up for several hours and is fully convalescent.

November 18th, 1889. Patient has been well for some time, attending to his out-door work.

The nature of the case remained for two months a mystery to me. I believe now, however, that it arose from "ptomaine" poisoning (sepsis from absorption of basic chemical bodies, produced by putrefaction of organic matter) the source of the poison being matter lodged in the intestinal canal. Modern investigations seem to indicate that many diseases of the "bilious" class are of this nature.

This view of the case is not wholly speculative. It was suggested to me by an article by Dr. Marsh (*New York Medical Journal*, November 9, 1889) on "A Case of Ptomaine Poisoning." This case was so like mine as to suggest a similar cause, and a post-mortem revealed in it peculiar conditions which resembled very closely the changes of "ptomaine" sepsis.

His patient, a boy of five years had, like mine, just recovered from a severe illness, and, like mine, had been subject previously to occasional derangement of the intestinal functions. Both were seized at the outset with vomiting, fever of about 102°, distention of the abdomen with gas, and severe paroxysmal intestinal pains, the attitude assumed being that characteristic of peritonitis. In both, there were very yellow (lemmon yellow) passages and hæmorrhages from the mucous surfaces of the stomach. They were evidently not typical cases of either typhoid fever, gastritis, peritonitis or typhlitis. Dr. Marsh gave his patient a single large dose of calomel and soda which caused yellow stools, and next day the patient was much better. Later he sank into collapse and died, four days after the seizure. In his case the attack was more severe and the patient was probably more feeble than mine, being but a child. At the autopsy no signs of peritonitis were found, although the abdomen was distended and "board-like" to the touch. The small intestines were distended with gas and very translucent. The transverse and descending colon were empty and *their circular muscle-fibres were remarkably contracted.* There were no ulceration and no inflammation of the mucous coats, although some congestion was noticed. Peyer's patches were normal. There were no lesions of typhoid fever. The stomach was not inflamed, but the veins of its mucous coat were dilated and there was much black vomit in the organ. The gall-bladder was full, but there was no obstruction of the gall ducts. The liver was large and hyperæmic, with areas of infarction. The kidneys were normal. There were fecal masses in the appendix, but no appendicitis.

Infarctions of the liver have been found in persons dying after eating poisonous shell-fish, probably from ptomaine sepsis, and in a fatal case of poisoning by tyrotoxicon (a ptomaine found in poisonous cheese and milk), it was noted that "the cæcum, ascending transverse and descending colon were empty and *their circular-muscle fibres were tightly contracted*, except at intervals where the intestine was distended with gas."

It is to be remembered that the most peculiar symptoms in both Dr. Marsh's case and my own—namely, the *paroxysmal abdominal pains* with the simultaneous distention of the bowels with gas would be explained by just such contractions of the large intestine. Per haps the rigid, painful contraction of the sphincter ani which caused the "piles" was but an example of the painful contractions which were taking place here and there in the circular fibres of the large intestine. A writer suggests that the initial vomiting and purging are but the result of contractions of the muscular fibres of the digestive tract, which, becoming excessive as the disease progresses, cause the spasmodic pains in the abdomen with constipation. It will thus be seen that my patient presented many symptoms of ptomaine sepsis, —the incipient emesis; the subsequent painful spasmodic contractions in the region of the large intestine with flatulence; low fever without local inflammation; and hæmorrhages from the mucous surfaces. The unusual duration of the illness was probably due to the production of fresh supplies of ptomaines within the body, the amount of the original poison having been small.

I cannot explain the suppression of urine. I think the use of opium was injurious. A bold and persistent use of calomel would probably have cut the disease short at any time, relieving all the symptoms. Laparotomy would have revealed nothing.

A CASE OF STONE IN THE BLADDER TREATED BY BUFFALO LITHIA WATER. ITS SOLVENT PROPERTIES. RECOVERY.

BY JOHN HERBERT CLAIBORNE, M. A., M. D., PETERSBURG VA.

I have for many years been prescribing Buffalo Lithia Water in cases of lithiasis, uræmia, Bright's disease, cystitis, and of congener affections, and with the same marked results which have followed its exhibition in like conditions by a number of other physicians. The most striking instance, however, in which I have seen the solvent properties of the waters manifested, has been in the case of Mr. Thos. D. Moss, of this city. Mr. Moss had been subject to attacks of lithiasis for several years; but in August last, after one of the most violent atacks of nephritic colic, he passed gravel from the kidney into the bladder, where it remained for a week or more, setting up a severe inflammation of that viscus, with all of its painful and distressing symptoms. Finally, however, the gravel re-commenced its journey, and became lodged in the prostatic portion of the urethra, cutting off the flow of urine and causing retention. Being compelled to use a catheter for the relief of this symptom, I pushed the calculus back into the bladder, as there was too much inflammation to resort to either the crushing of the stone or to its removal by lithotomy.

I put the patient to bed, restricted him to a milk diet, administered opium suppositories in sufficient doses to relieve vesical tenesmus and pain, and directed him to drink the Buffalo Lithia Water in the largest quantities which he could bear. He succeeded in drinking from a half gallon to a gallon every twenty-four hours, and, at the end of about ten days, commenced to pass the detrita of gravel, as I suppose, in quantities which seemed incredible. At all events, after passing his water upon a clean board, and allowing as much of it to flow off as would, you could then scrape up with a knife a teaspoonful or two (after every passage of urine) of phosphates, urates, etc., closely resembling whitewash which had been applied to the board, and which had there dried. This continued for a week. I then washed out the bladder several times with a warm solution of boracic acid, and Mr. Moss was soon on his feet again.

At this writing, he says that he is perfectly well, and feels, for the first time in many years, entirely free from all kidney or bladder trouble.

Society Reports.

CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD NOV. 9TH, 1889.

The 232d meeting of the Clinical Society of Maryland was called to order by the President, Dr. R. B. Morison, in the chair. Drs. W. Guy Townsend and E. R, Owings were elected members of the Society.

Dr. Wm. Osler exhibited a number of beautifully prepared

SPECIMENS ILLUSTRATING THE DISTRIBUTION OF THE CORTICAL VESSELS OF THE BRAIN.

Dr. W. P. Chunn showed

TWO SPECIMENS OF UTERINE TUMORS.

and related the cases from which they were obtained. At the time he saw the patients, one of the tumors being in the vagina. This patient was 47 years old and had given birth to one child five or six years before. Three years previous to the time he saw her she had been bleeding pretty continuously. He made an examination and in consequence of the size of the tumor it was quite hard to find out the exact condition of affairs. He told her, however, than an operation would be necessary in order to give the relief to which she readily consented. All things having been prepared he tried to get a piece of stout piano wire around the tumor which was finally accomplished with great difficulty. Then by gradually twisting it the tumor became separated. A pair of vulsellum forceps were then used to seize the growth and to extricate it from the vagina, but they proved to be of no value. He then got a pair of Hodge's obstetrical forceps and applied them. Great traction was employed in the endeavor to remove the tumor from the vagina, when all of a sudden the tumor, forceps and himself were deposited on the floor together. During this procedure the perineum was ruptured. This was repaired, and after the operation the vagina was tamponed antiseptically and all went well.

The other tumor was up in the uterus when the patient was first seen. She was under the charge of his friend, Dr. Charles E. Sadtler. Bleeding had been a constant symptom for a number of years. The tumor was very hard to move from its position of attachment. A pair of vulsellum forceps were likewise used in this case, and that accounts for the ragged appearance of the specimen. This method of manipulation having failed, he cut the cervix up to the vaginal junction and introduced a Sim's speculum into the uterus and was thus enabled to get at the pedicle and its subsequent removal was facilitated without further difficulty. At the time of the operation, a sponge was inserted into the vagina which the assistant forgot to remove, and it remained there for quite a while without doing any apparent harm.

Dr. Wm. B. Canfield asked if there were not other methods used to dilate the cervix, which would possibly have done better than the one used by Dr. Chunn.

Dr. B. B. Browne said that we all meet with cases where great difficulty is experienced in removing these fibroid tumors. He has been employing, of late, and with good success, a large sized cord screw; this, aided by the use of Thomas' serrated spoon, makes their removal a comparatively easy matter.

Dr. W. P. Chunn said there were various methods employed to dilate the cervix, but in a case of this kind he preferred to split it. Tents might have been used, but he is not in favor of them as it is a tedious process. It generally takes about three relays of them to bring about full dilatation. The results obtained by the splitting method were usually good.

Dr. F. T. Miles in referring to Dr. Osler's specimens of brain, said that it would soon be a necessity for all physicians to know the distribution of the cerebral vessels, because so much at the present day depends on it.

Dr. Wm. B. Canfield related a case of

ANTHRACOSIS PULMONUM

and gave a microscopical demonstration of the sputum. Patient was a male, who came to the Maryland University Dispensary about four weeks ago. At the first glance he gave evidence of phthisis, but an examination into his condition proved that he was suffering from bronchitis and emphysema. While an examination of the sputa failed to reveal the tubercle bacilli it did show a a large number of cells in which were embedded bits of coal and coal-pigment. The patient had been a stoker in a factory for many years and the microscopic examination showed that the carrier cells or phagocytes were endeavoring to carry off as much of this foreign substance as possible. His sputa had been black for several months and it would continue to be black for a year to come.

Dr. R. B. Morison said that in a case of elephantiasis he had observed in the negro, there was found in the cells a formation of pigment very similar in arrangement to that described in anthracosis.

Dr. N. G. Keirle said that unless he was mistaken the pigment deposit in anthracosis is inter-alveolar. He would like to hear some one advance some ideas on the subject as to how it gets there, etc.

Dr. Wm. B. Canfield, in reply to Dr. Keirle, said that these particles of coal dust were inhaled into the alveoli of the lungs and by their sharp edges worked their way between or through the epithelium and this irritation attracting the carrier cells, the latter attacked the dust and carried it either out of the lungs whence it was expectorated, or carried it along the lymphatics to the nearest gland where the foreign substance remained quiescent and harmless.

Dr. Wm. Osler said that this was a subject to which he had given some attention. The same process is going on in all of us to a greater or less degree, which is seen in comparing the lungs of adults with those of children. The difference between the dwellers in the country and city serves as another example. The fate of the carbon particles is probably varied. A large portion probably do not pass farther than the larger bronchi and the cilia expel them, that portion which reaches the alveoli comes in contact with the large, swollen epithelium, but in spite of these cells a portion passes through the stomata and reaches the bronchial lymph glands. Ultimately the little lymph vessels become infiltrated and the gland locally becomes darker. In coal miners this is known as non-bacillary consumption, ultimately a number of these cases become tubercular. When the bronchial lymph glands become adherent to the pulmonary veins in the condition of anthracosis the particles are carried to the right auricle and thence ultimately into the lymphatics.

W. J. Jones, M. D.,
Recording Secretary,
1238 Greenmount Avenue.

BALTIMORE ACADEMY OF MEDICINE.

STATED MEETING, HELD NOV, 13, 1889.

The President, Dr. George W. Miltenberger in the chair.

Dr. A. K. Bond read a paper on

AN OBSCURE CASE OF PTOMAINE POISONING.

In the

DISCUSSION

which followed:

Dr. John R. Uhler said he did not think it could be ptomaine poisoning as it lasted so long, nor was he satisfied with the use of lead and opium together, since it was probable that only the excess of one or the other acted, and he would prefer to employ acetate of lead and acetate of morphia so as to avoid the insoluble meconate of lead. As to the treatment by calomel, he was by no means sure that it cured the case and from the symptoms would have expected to have gotten more prompt results from hydrate of chloral, resorcin, salol, car-

bolic acid or other remedies of that class.

After some remarks by Drs. W. C. Van Bibber, H. P. C. Wilson and others,

Dr. A. K. Bond said in answer to criticisms, that it is not probable that ptomaine sepsis is always of short duration. Vaughan suggests that tyrotoxicon is the cause of cholera infantum which is not necessarily a self-limited disease. It is probable that the poisoning in many cases of ptomaine sepsis may be kept up indefinitely by the formation of new poison, from food ingested or from unhealthy fluids of the body. The lead and opium pill is a good remedy in spite of the objections of chemists. That the cure was due to calomel, he does not for an instant question. It is not fair to claim in such cases that the cure is merely an accident occurring just after the remedy was used. The opium used certainly relieved the bowel-spasm, but it did not confer any lasting benefit. In fact, its continued action seemed to be injurious. He claimed that resorcin, salol, chloral, etc., would have been unwise considering that the case was obscure, and patient's stomach irritable.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

STATED MEETING HELD SEPT. 26, 1889.

The 696th regular meeting of the society was called to order by the President, Dr. R. W. Mansfield.

Dr. Wilmer Brinton reported

TWO CASES OF POST-PARTUM HÆMORRHAGE.

The first case occurred in a multipara; upon examination round child in first position, head presenting, also prolapsed cord. Chloroform was given and podalic version performed. Placenta expelled by Credé's method and immediately hæmorrhage occurred. Ergot was given hypodermically and all clots were removed, after which the vagina was tamponed with a towel saturated in vinegar. The cause of the hæmorrhage was undoubtedly due to laceration of cervix caused by the speedy delivery. Ten days after this, he was called to see a woman who had been delivered by a midwife. Found the patient with an alarming hæmorrhage, pulse 130. Introduced hand and found a portion of retained placenta; as soon as this was removed the bleeding ceased. Whiskey was given hypodermically and the limbs were bandaged from below upwards. These were the first cases he had seen for several years and yet he does not use ergot, except when indicated, as in the cases reported.

In answer to inquiries Dr. Brinton said that the placenta in the first case had acted as a plug and had prevented hæmorrhage until it was removed. That he considered it a post-partum hæmorrhage, in that it followed or came *after* delivery. That he had used ice in other cases of post-partum hæmorrhage, where the hæmorrhage was due to non-contraction of the uterus.

Dr. Frank C. Bressler related a case where he was called to see a woman who had been under the care of a midwife. In this case there was procidentia and in using the forceps the cervix was lacerated up to its junction with the body. Stitches were inserted but they tore out, necessitating a second operation which was followed by a good result.

Dr. A. V. Gosweiler read an interesting paper on

THE HISTORY AND THERAPEUTICAL VALUE OF ARSENIC.

After reviewing the history of arsenic in medicine, its uses and abuses and the alternate favor for and prejudice against it the doctor said: "It will be seen from this short history, that arsenic suffered many vicissitudes before it was recognized in general medicine. Though prescribed by Galen and Collins, it was neglected in the middle ages, and when reintroduced, probably from the Arabians, it soon again became unpopular. The cause of the unpopularity is to be found rather in its having been recognized as a typical deadly poison than from any accidents in its therapeutic administration, but this was strong enough to completely banish it from the domain of medicine. At last at the commencement of the eighteenth century it was for the first time properly tested by

Slevogt, but his researches were not able to make it generally popular in the face of violent opposition, based on its alleged poisonous properties. All through this time it had been universally used as a quack remedy in fever and ague throughout Europe; and it was from one of these quack remedies that Fowler of Stafford, England, derived the solution which bears his name. His success was soon followed up by other English physicians and arsenic became once for all an established English remedy. It was re-established in Germany and Italy, mainly through the authority of Harles and Brera. At the beginning of the nineteenth century it seemed to be thoroughly recognized in France, yet it was again rejected, owing to the violent opposition, based on the old suspicion of its dangerous character. It was not till the discussion, raised by memoirs of Boudin, was over that it took a permanent place in French practice. He (Dr. Gosweiler) closed by a brief reference to some of its therapeutic uses.

Dr. George H. Rohé said that he had used arsenic principally in certain forms of skin diseases, especially of the epidermis, such as dry forms of eczema, psoriasis etc. He had seen good results in epithelioma and multiple sarcoma, used hypodermatically. Also had obtained good results in herpetic eruptions and in nervous diseases. In some experiments by Piffard, complete exfoliation of the epidermis took place in three days. In beginning the administration of arsenic the patient should be prepared by giving alkalies; it seems to assist the action of the arsenic. Some patients become nauseated when taking Fowler's solution. This is due in most cases, to the compound spirits of lavender and not to the arsenic itself.

Dr. Wilmer Brinton said he had used it extensively in nervous troubles and especially in that host of symptoms about the climacteric period. He had gotten good results from its use in gastralgia and stomach troubles of drunkards.

Dr. J. W. Chambers said arsenic had its effect on the terminal ends of sensory nerves: hence its use in neuralgia. He also spoke of its use in embalming.

Dr. David Streett said he regarded it as one of the most potent agents in eradicating the malarial poison. It is a valuable tonic in certain cases of anæmia and also in phthisis.

J. Wm. Funck M. D. Secretary.
1710 W. Fayette Street.

PHTHISIS IN HIGH ALTITUDES IN SWITZERLAND,

From a report by Dr. L. Schrötter on the distribution of phthisis in Switzerland it would seem that the inhabitants even of high altitudes are by no means so free from phthisis as we are perhaps wont to suppose. The tables of deaths for the eleven years 1876-1886 show that phthisis is endemic in every part of Switzerland, not a single district (Bezirk) being free from it. On the whole, the deaths from this cause are fewer in the high than in the low-lying districts, but it cannot be said that the mortality from this cause is inversely proportionate to the altitude. Wherever there is a large industrial population the phthisis mortality is considerable. Industrial populations always suffer much more than agricultural populations where the altitude is the same.—*Lancet.*

SWEATING OF THE FEET.

The result of extensive experiments in the German army as to the best treatment for excessive sweating of the feet has been to prove the great superiority of chromic acid over all other applications. Of 18,000 cases in which chromic acid was used, 42 per cent. were reported "cured," 50 per cent. "improved," and only 8 per cent. "unrelieved." The feet are first bathed, and, after being thoroughly dried, a 5 per cent. solution of the acid is applied with a brush. Two or three applications suffice, as a rule, but the treatment has sometimes to be repeated after a fortnight.—*Brit. Med. Jour.*

The American Physiologcal Society will hold this week its annual meeting at the College of Physicians and Surgeons, New York.

MARYLAND MEDICAL JOURNAL

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WILLIAM B. CANFIELD, A.M., M.D., Editor.

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BALTIMORE, DECEMBER 28, 1889.

Editorial.

MEDICAL REFORMS.

When a full-grown adult is attacked by a disease peculiar to children, the disease generally appears in its worst form, and the patient is more usually the object of ridicule than of sympathy.

When Baltimore is about to build a new sugar refinery or add a branch to one of its railroads, the mere thought of such an attack affects every part of it. The prodromal stage is terrible.

Just now Baltimore is suffering from an attack of medical and hospital reform, and the former is in such a virulent form that the State is also affected. While other large cities have been content to build hospitals, and quietly extend the facilities for raising the general medical and hospital standard, Baltimore has been heretofore satisfied with adding to the number of her low-grade medical schools. The completion of the Johns Hopkins Hospital and the impending medical school to be connected with it, has acted like an electrical shock on the city. The people at large have felt its influence and, and the five schools of medicine already in existence have, in part responded to the stimulation.

The University of Maryland, forced by competition and exacting State medical laws has been compelled to raise its standard. The College of Physicians and Surgeons has under its control a hospital apparently second to none in the city, and proposes to add increased laboratory facilities to its course. The other schools will have to take some step in advance or close their doors.

A petition started by one thoroughly conscientious in medical reform, has been signed by several hundred of the most prominent physicians of the city, asking for a meeting on January 15th 1890, to consider the feasibility of introducing reforms in all the medical schools of the city. Theoretically the plan is excellent, but practically it will hardly succeed, as each school is a private institution, and entirely independent of the other schools. If the meeting would result in stamping out about one-half of these schools, its best work would be done.

A very important meeting is to be held on Thursday, January 2nd., to so amend or change the present medical law as to make it active, and then to

present it to the legislature in proper form. These reforms attract attention all over the State. A correspondent from Western Maryland thinks that the admission of illiterate students to the schools, with more money than brains, and very little of either, and counter prescribing by the druggists, are the two great evils which are particularly felt in the country. The next few years will see great changes in the status of medical teaching, and better educated physicians will undoubtedly be the result.

THE INFLUENZA.

According to press reports, the epidemic of influenza is gradually spreading over the whole of Europe, and if it follows its usual course it will reach this country as an epidemic in the coming year. It has seemed to have a tendency to reappear every thirty or forty years. The last general epidemic was in 1847, and animals were usually affected at about the same time or a little earlier. In itself, it is a disease which attacks suddenly and lasts but a few days in mild cases. The fatal cases are caused by complications and, according to all reports, pneumonia is one of the fatal complications at present felt in Paris. No authenticated cases have been as yet noted in this country, although some supposed cases have been reported. The daily papers, with their usual misapplied energy, have been publishing specifics supposed to emanate from reputable physicians.

The bacteriological study of this epidemic may yield some practical results, as in former epidemics, bacteriology was almost unthought of. In Vienna and other European cities, bacteriologists are giving some attention to the disease and some think the virus gains virulence by passing through the lower animals first.

In the next few months the journals will contain reports of cases and of attemps to discover its specific organism. It must be interesting indeed, to note its connection with pneumonia, for example. We may be able to add another kind of pneumonia to our already long list.

Miscellany.

CHANGES AT THE UNIVERSITY OF MARYLAND.

The Faculty of Physic, University of Maryland announce the following: The standard of graduation has been so raised that a general average of 75 is necessary for graduation, but if the grade fall below 33 in any one branch, although the general average may be 75, the student's conditioned and has to pass a satisfactory examination in the deficient branch in October. Tbe degree of A. B., a prelimenary examination in the English branches, or a satisfactory certificate from some recognized school will be necessary for entrance after this year.

In the autumn of 1891 a compulsory three-year course will go into effect, with an increased number of clinical, and a smaller number of didactic lectures. A chair of medical jurisprudence and forensic medicine will be added. In the dispensary the hours will be lengthened so that all students may have an opportunity of individually studying cases.

In the hospital, the Faculty have terminated their contract with the Sisters of Mercy, and now assume control of the hospital in all its details. It is proposed also, at an early date, to establish a Training School for Nurses in connection with the hospital service, in order that the nursing of the patients may be conducted on those well recogized scientific principles which have

made modern hospital work so singularly successful; also for the purpose of furnishing to those so inclined, practical facilities for obtaining scientific instruction in the art of nursing the sick.

The staff of the hospital consists of the members of the Faculty of Physic of the University. They act as visiting physicians and surgeons for specified terms of service in the public wards, and also treat patients in the private rooms. A resident physician, assistant resident physician, and clinical recorder, all of whom reside in the house and supervise the management of all cases under the direction of the visiting physicians and surgeons, complete the hospital staff.

The patients are classified as follows, there being separate wards for white and colored persons:

PUBLIC PATIENTS.

I.—Those occupying beds supported by the city. II.—Those sent to the hospital by the consuls of the different foreign countries and supported by their respective governments. III.—Those sent by the B. & O. R. R., in accordance with an agreement with that corporation. IV.—Emigrants arriving sick and sent by the commission appointed to take care of them, V.—Individuals who can pay five dollars per week. Patients in the wards are not charged for treatment.

PRIVATE PATIENTS.

The hospital is supplied with a large number of private rooms, the occupants of which are expected to pay the usual fees for medical and surgical services, in accordance with the fee table of the Medical and Chirurgical Faculty of Maryland. They are as completely secluded as if treated in their own homes. The price of the room covers board, nursing, medicines, lights, fuel, etc.

TERMS.

Public Ward (including medical and surgical services), per week $5 00, Private Room(excluding medical and surgical services), per week $10.00 to $15.00.

STAFF.

Physcians: Profs. S. C. Chew, M. D. W. T. Howard, M. D., F. T. Miles, M. D., I. E. Atkinson, M. D.,

Surgeons; Profs. J. J. Chisolm, M. D., L. McLane Tiffany, M. D., J. Edwin Michael, M. D.

Resident Physician, Frank Martin M. D. Assistant Resident Physician, K. B. Batchelor, M. D. Clinical Recorder, N. E. B. Iglehart. M. D.

For further information address the Resident Physician, or

Prof. J. Edwin Michael, M. D.,
Dean.
937 Madison Avenue, Baltimore, Md.

THE VALUE OF BEEF TEA AS A NUTRIENT.

In our last issue (See MARYLAND MEDICAL JOURNAL, November 23, 1889, page 75), we referred to this matter and proposed to show that as a *food*, beef-tea is practically useless. In the manufacture of this article various methods are adopted, with a view to obtain the best results. Thus the amount of heat applied may be sufficient to coagulate albumen, or it may be less than that amount; or again cold water may be used to macerate the flesh. When cold water is used a larger percentage of juice is obtained, than when heat is applied, about six parts per hundred being the result from the former, and three in the latter process.

In some manufactories the whole body of the meat is macerated and strained, any portion not small enough to pass through the colander being again divided until all passes into the so-called extract.

An analysis of such a preparation, when one pound of beef was used to four pints of water, gave the following results: water, 94.65 parts; albuminates and crystalline bodies, kreatin, etc., 4.25 parts; fat, 0.20 parts; salts, 0.90 parts. This compound must be of greatly more value than the ordinary beef-tea, for the whole body of the meat is incorporated in it, but the difficulty is, that where

solid food is not permissible it should not be allowed. In a sample made with *two pounds* of meat to *two pints* of water, macerated for four hours and subsequently simmered for six hours, the analysis showed as follows: water, 98.48 parts; albuminates, and crystalline bodies, kreatin, etc., 0.90 parts; fats, 0.07; salts, 0.55 parts. In this case the compound was strained but the solid meat *débris* was not put in.

By a comparison of these two analysis it will readily be seen, how little value is to be placed upon either beef-extract or home-made beef tea when the solid parts of the meat are excluded. Dr. Hassal's experiments made long ago showed that under the most favorable conditions, at least 14½ lbs. of meat would be required to yield enough nitrogenous material to supply the daily waste of one individual. This being the case we can see what poor results must be from the imbibition of the beef tea made from a "whole pound of beef steak." It has been shown that Liebig's extract is valueless as a *food* by the fact that dogs fed on it died sooner than when left unfed, other conditions being the same in the two series of animals. Indeed Liebig does not claim that his extract is a food at all. He states that "the greatest care is taken to exclude from his extract all fibrin, gelatine, albumen, and fat," and adds, "that its component parts do not give strength where there is none, and that to extractives and salts is due all the value it possesses; that it is to be classed with tea and coffee; and that it neither economizes carbon for our temperature, nor nitrogen for the sustenance of our tissues." He also states the only differance between ordinary beef tea and the extract is that the latter contains less water than the former.

These are facts which properly understood will prevent the exhibition of beef tea, when *food* is necessary. If a *stimulant* only is required then beef tea has a *rôle* to play, as also it may have as a flavorer of other foods. But to give a patient, starving for nitrogenous compounds, beef-tea or beef extract prepared in anyway whatever, is to give him a stone when he demands bread.

It might not be uninteresting here to note that the quality of the meat used in the preparation of the various extracts is not all it might be, the enormous horns of the Texas steers shown in the engravings on the packages of beef tea notwithstanding. In a recent number of the *Edinburgh Scotsman* it is stated that a seizure of diseased horses was recently made by inspector Aplin at Newcastle-on-Tyne. The animals which were in the last stages of decrepitude and disease, were found in a field at Tynemouth, and the man in charge on being questioned about them, stated that they were to be shipped from Shields to Hamburg, where they were intended to be converted into extract of meat. The horses were bought in Northumberland, and costs 15s. each. He would get 2s. a stone for them in Hamburg on condition that they arrived there alive. So infirm were the poor old animals that they had to be driven through Northumberland at the rate of a mile and a half an hour.

The *Medical Press* of London also states that a man at Colchester has been fined 40 shillings for driving a dying horse with cruelty. The equine was taken into port for transhipment to Antwerp, where, it seems, they boil down old screws and send the results back to English invalids for beef-tea. *Canada Lancet.*

OPENING OF THE NEW CITY HOSPITAL.

The New City Hospital under the control of the Faculty of the College of Physicians and Surgeons, was very brilliantly dedicated last Monday night. Addresses were made by Cardinal Gibbons and prominent City Officials. The Governor of Maryland and his staff were present. An excellent banquet was served in one of the wards.

The hospital which has been rather unostentatiously pushed to completion through the exertions of the Sisters of Mercy, is of much greater capacity than its front on Calvert Street would suggest. Including many very well furnished private rooms, the hospital will have three hundred beds, or more

than the Johns Hopkins at present contains, and consequently will be a little more crowded. A hasty examination of the building and appointments show that the work has been well done, all the arrangements being of the most modern construction without any great pretentions as to ventilation, etc.

The old building will be entirely remodeled into laboratories in order to keep pace with the great advances of medical science. Spacious laboratories will be added, fully equipped with all modern appliances. Among them will be a physiological laboratory, under the direction of Professor Henry Sewall, formerly of Johns Hopkins University, assisted by Dr. C. H. Jones ; a pathological laboratory, fitted with all the necessary microscopical and other appliances, under the direction of Dr. N. G. Keirle, a chemical laboratory, under the direction of Professor William Simon, assisted by Dr. W. S. Gardner. With these facilities, as well as with the new City Hospital and the Maternité Hospital, the college will be very fully equipped.

STUTTERING.

It is a well-known fact that stutterers, when speaking in a whispering voice, show no impediment of speech. A new method of treatment has been advocated by Dr. Coen and is as follows: In the first ten days speaking is prohibited. This will allow rest to the voice, and constitutes the preliminary stage of treatment. During the next ten days speaking is permissible in the whispering voice, and in the course of the next fifteen days the ordinary conversational tone may be gradually employed.—*Kansas Med. Jour.*, Oct. 1889.

A NEW ANTISEPTIC.

An address on new antiseptic dressings, which Sir Joseph Lister delivered before the Medical Society of London on the 4th inst., in spite of its modest title, carries on the history of the author's work from the date—now five years ago—when he last addressed the society. At that time he had shown not only that corrosive sublimate formed a compound in the albumen in which the properties of the former were preserved, but that this compound, even after drying, was capable of dissolving in blood serum. Hence came the sero-sublimate gauze, which had a definite and admitted value. But certain defects soon revealed themselves in the gauze, which was somewhat harsh and not very absorbent. So the investigator pushed on, and sought for new agents. The first that offered was substantially the double chloride of mercury and ammonium, called sal alembroth. This presented great advantages ; it was a better antiseptic, and at the same time was less irritating than corrosive sublimate. But again objections turned up, for the compound was so soluble, not only in water but in serum, that when the discharge was considerable, too much of the mercurial compound got to the edge of the dressing, and great irritation was caused. So another start was made with cyanide of mercury. This was found to be, in the author's language, high as to inhibitory, but low in germicidal power. But it was irritating as well as very soluble, and the double cyanides—of which, without counting such bodies as the ferrocyanides, there are many—were next tried. Mr. Martindale suggested one of the insoluble double cyanides of mercury and zinc; such a compound has proved superior to all other substances hitherto used. There seems indeed some doubt as to the precise compound which exists in the preparation which is now used ; but it is certain that the mercury in it is an important though not in quantity a large factor. The very ingenious method by which, after many trials, the substance was incorporated with starch, with which it forms a kind of combination whereby it can be affixed to gauze so neatly that in the dry state it does not become detached, and in the wet state does not wash away, and the apparently perfect success of the gauze, which is at once antiseptic, porous, permanent, and non-irritating, the address describes in detail.

But even the zinc mercury cyanide was not immediately successful, and some early difficulties caused it to be for

a time abandoned. Then the patient investigator turned his attention to iodide of mercury. This is known to have antiseptic powers, and is besides very sparingly soluble in water. It is more soluble in blood serum, but then it is very irritating and difficult to fix to the gauze. The latter objection was removed by the employment of starch, then tried for the first time. Here, as with the double cyanide, a loose kind of molecular combination seems to take place, and the iodide does not dust off. But still the experimenter was not satisfied, and therefore, with the experience gained from the starch experiments, fell back on the double cyanide, with which, under carefully prescribed conditions, he is for the present contented.—*Lancet.*

AN EPIDEMIC OF PHTHISIS.

An epidemic of phthisis is reported by Marfan, who observed fourteen deaths from among twenty-two employes in an office during five years. The cases are traced to one employe who, at forty years, died of phthisis, after twenty-four years' employment. He coughed and expectorated a great deal for three years. The office occupied by these men only admitted 10 cubic meters air for each individual; ventilation and light were bad. The floor was uneven, full of crevices and cracks, and was not kept clean. *All employees spat upon the floor.* The author has no doubt that tubercle bacilli were present in the dust arising from sweeping done in the presence of the employees. He was prevented from demonstrating this fact, because the place had been thoroughly swept when he called. The predisposing element of poverty (the small incomes), and unhygienic dwellings, doubtless played an important *rôle.*— *W. Med. Presse.*— *Times and Register.*

Medical Items.

The death rate for Baltimore for 1889 was one-half per cent. less than for 1888.

Dr. Richard Volkmann, the famous surgeon of Halle, died at this city on the 28th ult.

A Society of naturalists and Physicians has been established at Tomsk (Western Siberia).

Dr. Klempever has been appointed *privat-docent* in Medicine, and Dr. Nitze in Diseases of the Genito-Urinary Organs, at Berlin.

Dr. H. Newell Martin has been delivering a series of lectures upon the "Relations of Psychology to Physiology," at Johns Hopkins University.

THE WIDOW OF THE LATE DR. C. R. AGNEW has been appointed by Mayor Grant a member of the board of Education of New York.

The Philadelphia Medical and Surgical Reporter is getting the views of physicians on Cremation. An early number of that Journal will contain the opinions of a number of Baltimore physicians on this subject.

The Faculty of the College of Physicians and Surgeons in assuming charge of the Medical and Surgical Service of the new City Hospital, North Calvert street, have invited the profession and others to iuspect the buiding Wednesday, January 1st, 1890, at 8 P. M.

By a recent order of the Russian Medical Department, antifebrin and phenacetin are placed in the category of drugs which chemists are forbidden to sell unless prescribed by a medical man. Antipyrin and cocaine had already been placed in the same list.

At its September Meeting the Virginia Medical Examining Board received twenty-six applications for examination. Sixteen were rejected, two withdrew, and eight were given permits to practise medicine. The low-grade medical school should advise their graduates not to appear before this Board.

Two prominent surgeons in Pittsburg are charged with having left a pair of forceps in the abdominal cavity of a woman after laparotomy. The presence of a foreign body was discovered by another surgeon,

whom the patient had cal ed in, and the wound was reopened and the forceps removed by him.

A medical society has been organized at Bayview Hospital, consisting of the physicians at the institution, who are Drs. Frank W. Hains, Frank Dwyer Sanger, Wm. E. Ramsay, Wm. E. Wright, W. J. Pillsbury, Henry B. Wilson, Franklin Mouton, M. R. Barclay, Robert Campbell and W. J. Hill. Dr, Ramsay was elected president, Dr. Hains vice-president, and Dr. Hill secretary.

The Daily Press says that Professor Westphal, one of the most distinguished living authorities on mental diseases, and a very brilliant lecturer, has himself fallen a victim to the disease he so successfully combatted in others. Some time ago his nervous system was affected, and gradually brain desease supervened. The hopes of his recovery which were at first entertained have now been given up.

In the winter course at the Hoagland laboratory, beginning on December 20th, the three departments of bacteriology, physiology, and histology will be in operation. A fee of $15.00 will be charged in each of the two former and $20.00 in the last. The charge of animals is not included in the fee. The library will receive over thirty standard foreign journals.

The Ophthalmic Review begins its new volume with an American Editor, Dr. Edward Jackson of Philadelphia, who succeeds Dr. James Anderson of London.

It will, hereafter, contain original papers from American as well as English Ophthalmic Surgeons, with a list of all papers on opthalmological Subjects published in this Country or Europe, and full reviews of the most important of them.

Dr. Guido Baccelli of Rome, Professor of Clinical Medicine, and formerly Minister of Public Instruction, and whom the *Medical News* calls the "Italian Virchow," is an extremely popular member of the party of progress. The *Lancet*, comparing Baccelli's position in Italy with that of Virchow in Germany, says that he is a pnblic-spirited and intelligent statesman, and the friend and promoter of every measure of substantial reform, Dr. Baccelli is an ex-president of the Roman Academy of Medicine.

Dr. Charles O'Donovan, one of the best known and most prominent physicians, died at his residence, No. 113 West Monument street, last Monday afternoon at five o'clock, from heart trouble. Dr. O'Donovan had been unwell since last summer, and had been confined to the house for some time. He was in his sixty-first year. A wife and six children survive him, Dr. Charles O'Donovan, Jr., his eldest son, being very prominent in the medical profession.

Dr. O'Donovan was the eldest son of the late Dr. John H. O'Donovan, a graduate of the University of Maryland, and a prominent practitioner for over forty-five years in this city. He married Miss Jenkins, daughter of Mr. Hugh Jenkins, of this city, in 1853. He was a graduate of the University of Maryland, and had been a very prominent member of the medical profession for the last forty years. He was a member of a number of medical societies, and was president of the Alumni Association of the University of Maryland. His death is deeply regretted by his host of friends. Dr. O'Donovan was also a well-known member of the Roman Catholic Church.

THE CONFORMATION OF THE CHEST AND THE TENDENCY TO CONSUMPTION.—The *Deutsche Medizinal-Zeitung* contains an article on this subject by Dr. Maszkowski. The writer states that it is maintained by many observers that disproportion in the form of the chest is an important factor in the tendency to tuberculosis. The results of a series of investigations have not led him to coincide with the conclusions of others in this respect. He selected 275 healthy individuals and the same number of persons suffering from various stages of pulmonary tuberculosis. These persons were subjected to close and careful comparative anatomical measurements, and from these the following conclusions were deduced :

1. That there existed no characteristic form of the thorax in those predisposed to pulmonary tuberculosis,

2. That changes in the form and diminution in the capacity of the chest, when such took place, appeared as concomitants and developed as the disease progressed.

It was a matter for remark that the general form of the chest in some of the tuberculous patients was even more favorable, if irregularity was alleged as a predispoing cause of disease, than was found in some of the perfectly healthy persons.

—*New York Medical Journal.*

Original Articles.

IS CRANIOTOMY JUSTIFIABLE UPON THE LIVING CHILD?*

BY GEORGE H. ROHÉ, M. D.,

Professor of Obstetrics and Hygiene, in the College of Physicians and Surgeons, Director of the Maryland Maternité, etc., Baltimore.

The question, "Is craniotomy justifiable upon the living child?" is one of the most important presented to the obstetrician. It involves the decision of the question whether we have under any of the circumstances of practice the right to destroy a human life.

With the legal or theological aspects of the question I will not concern myself, although I believe that neither jurist nor theologian will assume to decide contrary to the opinion of the experienced and conscientious obstetrician.

I do not hesitate to answer the question in the affirmative. In doing so, I may, however, be permitted to state my reasons for so answering, and to point out the circumstances and conditions under which, in my opinion, craniotomy *is* justifiable upon the living child.

Statistics, which are so often quoted as conclusive in determining the proper line of action in this as in other surgical problems, may usually be made to support the most diverse claims. Without wishing to brand all statistics as false or valueless, I must confess that in this particular field they are more likely to lead to false than to true conclusions. If for example, we compare the older mortality records of craniotomy (fatal in more than 20 per cent. of the mothers), with the most recent records of the improved Cesarean section in Germany (fatal to 10.6 per cent. of the mothers operated upon), or even take the record of a single operator, as Zweifel, who has done eleven Cesarean sections without loss of a single mother or child, we shall be compelled to reject craniotomy in all cases and banish it from the list of obstetric operations. But, if on the contrary, we compare the recent records of craniotomy (mortality of mothers about 5 per cent.), with the latest statistics of the modified Cesarean operation in the United States (maternal mortality 78 per cent.), we are forced to the conclusion that the destructive operation is the more conservative one. Neither of these methods of comparison is fair, however, and conclusions drawn from such statistics are false and untrustworty.

Most obstetricians of experience are unwilling to displace craniotomy entirely by the Cesarean section,—the *only* operation that can enter into consideration in most of the cases where the first named operation is applicable.

If the obstetrician were always consulted in time, so that he could give the case in all its bearings careful consideration before labor begins, he would doubtless often decide upon a different course of action from that which he is subsequently compelled to adopt. In practice, the consulting obstetrician is rarely called until something has occurred to obstruct the natural progress of labor, and then he is forced to do that which his judgment approves as best for his patient and her domestic relations. To be compelled to decide promptly, as often happens, between the destruction of a living child by craniotomy, or the performance of what is still rightly looked upon as the superlative operation in surgery, is not an alternative to be lightly considered.

The *circumstances* surrounding each case—as the dictionary has it: "the matters attending an action that modify it for better or worse"—must be taken into account before coming to a decision. The condition of the patient, the duration of labor, character of previous labors, degree of obstruction which the operation is intended to relieve, the prospective vitality of the child,—all these circumstances, and more, demand careful consideration before the character of the operation is decided upon. If the patient is worn out by the length or severity of her travail, if fever or other signs of septic absorption are present, if she has previously given birth to living children, or if the physical signs point to

*Read before the American Association of Obstetricians and Gynæcologists, at Cincinnati, September, 1889.

an early death of the fœtus even if promptly delivered, Cesarean section is not an operation of election, and craniotomy is the only procedure rationally indicated. Of course, I assume that no physician with any obstetrical experience would proceed to craniotomy without first trying to effect delivery with the forceps. With this instrument delivery can often be effected in cases where the pelvic canal is much narrower than that generally considered necessary for the passage of an unmutilated child. The cases where podalic version can effect delivery after the forceps, properly used, have failed, are in my opinion, too few to justify resort to a procedure which greatly increases the danger to both mother and child, and unduly complicates, if not successful, the perforation that may afterward become necessary.

It is impossible to lay down hard and fast rules to guide us in an operation where the individual judgment must make the decision, but in a general way it may be stated that a pelvic contraction antero-posteriorly to three and a quarter inches will render the use of the forceps or version futile. Between that measurement and a conjugate of two and a half inches, craniotomy is indicated as soon as a fair trial by an experienced practitioner with an appropriate forceps has shown that the child cannot be delivered through the natural passages without mutilation. This condition of things I may be permitted to call the *absolute indication* for craniotomy. When carefully performed under these conditions, maternal mortality is not over 5 per cent., and under antiseptic precautions should be no greater than after delivery with forceps.

When the contraction of the pelvis antero-posteriorly is down to two and a half inches or below, the maternal danger from craniotomy is almost or quite as great as from Cesarean section. In cases presenting these higher degrees of contraction, craniotomy is not justifiable, even though the child should be dead. It is only in cases about the border line, where there is a good deal of space laterally, the child dead and the mother exhausted or suffering from septic absorption, that perforation of the skull and evisceration may be attempted.

Here the Cesarean operation is indicated and should be promptly performed.

Whether sins of commission or of omission are of greater gravity, I will not venture to decide. For myself, however, I am willing to assume the responsibility of destroying the life of the child to save that of the mother, under the conditions I have endeavored to point out. The practitioner who declines to perforate the cranium of a living child, and fears to resort to Cesarean section, may compromise with his conscience by waiting until the child is dead and then deliver by craniotomy. Him I do not envy. The obstetrician who resorts to craniotomy before the child is dead, may be, as I fear it is becoming fashionable to call him, a criminal, but the one who waits for the child to die and then loses both mother and offspring, is worse; he is a blunderer.

I may also refer to cases in which the disproportion between the head of the child and the maternal pelvis is not due to contraction of the latter, but to excessive size of the former. In cases of hydrocephalus, for example, sacrificing the life merely anticipates the ultimate result. Craniotomy is therefore indicated in these cases as soon as the diagnosis is made, for it is well known that the maternal mortality is high in labors with hydrocephalic children.

Notwithstanding the increasing sentiment in the profession against craniotomy upon living children, I believe it to be unwise to give up this operation until an efficient alternative is proposed which gives a better promise of life to the mother than any with which we are at present acquainted.

The operation is one of the simplest in obstetric surgery. After evacuation of the bladder and rectum, the vagina is washed out with an antiseptic douche, and the obstetrician's hands and instruments thoroughly disinfected. An assistant fixes the head by pressing the child well down into the pelvis from above, and the trephine perforator guarded and steadied by the left hand in the vagina is applied to the most

projecting bone, usually one of the pari etals. With the right hand the tube is withdrawn from the end of the trephine and several complete turns given to the handle of the latter. As soon as the scalp is cut through, the handle may be turned backward and forward, as in the ordinary operation of trephining. In a few moments the skull will be perforated and the button of bone removed as the trephine is withdrawn. The brain is then broken up with any convenient instrument, a large steel sound, for example, and the delivery left to nature, or hastened with Meigs' craniotomy forceps. The cranioclast is a cumbersome and unnecessary instrument. Where it is necessary to break up the skull with the forceps, the left hand should be kept in the vagina to guard the latter against laceration as the bones are removed.

After the delivery of the placenta, an intra-uterine injection may be given if considered necessary, but the antiseptic vaginal douche should never be omitted.

In destroying the brain, care should be taken to penetrate the medulla, otherwise the obstetrician may be confronted with the horrifying spectacle of a living brainless child, which he has first mutilated and then brought into the world. The after-treatment presents nothing peculiar.

611 N. Calvert Street.

PROTECTION OF THE PERINEUM.*

BY W. S. GARDNER, M. D.,

Lecturer on Obstetrics, College of Physicians and Surgeons Attending Physician to the Maryland Lying-in Asylum, Baltimore.

In this brief paper it is not my purpose to review the theories or practices of the writers upon this subject, or to spin a more or less plausible theory of my own: but simply to state in as few words as possible what I do to prevent ruptures of the perineum and how I do it.

*Read before the Medical and Surgical Society of Baltimore, October 10th. 1889.

To be able to do anything intelligently toward preventing a rupture, it is essential to have command of the progress of the child during the latter portion of its exit from the parturient canal.

To do this it is necessary that the obstetrician have accurate knowledge of the position of the child and of the forces that are operating both to expel, and to retard the expulsion of the child. And he must know also how each of these may be modified.

In the first place, if the obstetrician wishes to know, after the head comes to the perineum, how the case is actually progressing, it is necessary for him to have his covers so arranged that the process goes on under his eye. It is hardly necessary to stop to discuss this statement. It certainly will be admitted that the eye can judge much more accurately than the touch of the degree of distension of the perineum.

At this stage the patient must be either without an anæsthetic or she must be completely under its influence. Of course this is understood to apply only to that part of the labor in which the perineum is actually in danger. A half anæsthetized patient has no power to obey your directions, and she has all the tendency to strain and bring into action the accessory muscles of parturition, and this tendency is increased rather than diminished by the anæsthetic. And it is in the action of these accessory muscles that the greatest danger lies.

I prefer that the patient be on her back. This may be largely habit, but I am satisfied that the advancing head can best be controlled when the patient is in that position.

The most important point in saving the perineum, is to give it abundance of time for distension, and then to conduct the head, and afterward the body in the most favorable direction. At just what period this additional time is wanted, can be learned only by experience.

Then the question, how to gain this time comes in. It is best to begin at a stage of the labor when there is no danger whatever of rupturing the perin-

eum, to educate the patient to control at will, the contractions of the abdominal muscles. To do this she is instructed between the intervals of pain that when she feels a pain beginning, she is at once to open her mouth and breathe through it as rapidly as possible. The very rapidity of the breathing attracts her attention. No one can breathe at the rate of one hundred and fifty to two hundred per minute without special effort. She may fail at first to keep up her rapid breathing, but after one or two trials, a woman of ordinary intelligence and will power, will nearly always succeed. As soon as the patient has learned how to control the abdominal muscles, the labor is allowed to proceed as before, until such a time as, in the judgment of the obstetrician, the perineum can not, without danger, bear the accessory power.

Then, as a rule, the woman having been previously trained, can be gotten by a little encouragement to eliminate the force of the abdominal muscles. When this is attained, the principal step in the preservation of the perineum is accomplished. At this time two or three fingers of the right hand with the tips of the fingers pointing down are applied to the perineum near the anus, and all the fingers of the left hand are applied over the occiput. By very gentle pressure with the fingers of the right hand, the head is kept close to the symphysis pubis. If necessary, by a firm compression with the cupped fingers of the left hand, the advance of the head from all ordinary expulsive efforts of the uterus can be absolutely controlled. It is hardly necessary to state that it is useless to attempt to control the advance of the head when both the uterus and abdominal muscles are acting. Between each pain the head is allowed to recede as far as it will, or is even pushed back gently from the perineum by the left hand. By thus relieving the pressure upon the perineum its circulation is re-established and its elasticity increased.

After the perineum has been thoroughly distended, in the interval between two pains, by pressure upwards with the fingers of the right hand applied through the lower part of the rectum, first upon the forehead, and afterwards upon the chin, and with some assistance from the left hand in pushing aside the vulva, the head can be raised and delivered. When this is done the perineum is never torn by the head.

The delivery of the shoulders must be done as carefully as that of the head. The weight of the head must not be allowed to drag downward, increasing the risk of the posterior shoulder, plowing through the perineum. It must be borne in mind that the axis of the plane of the vulva, when the perineum is greatly distended, is nearly perpendicular to the bed, and that it is in this line that the body of the child should travel in its exit. The attending physician should not make traction, but lift the child and keep it in this axis. The woman will furnish all the expulsive force required. As the child is making its exit, it is preferable to have the nurse follow down the retracting uterus with her hands applied gently over the fundus. This leaves both the hands of the obstetrician free to manage the child.

When the hips come to the perineum, the same management is continued. The head and shoulders being raised in a line almost perpendicular to the bed, without any special traction being made, the perineum is relieved to the utmost of all unnecessary pressure.

In breech presentations, a great deal can not be done to protect the perineum. The breech itself usually passes without difficulty and without injury. The after-coming head can not be temporized with. It must be delivered, and that quickly, without much reference to whether the perineum tears or not. The head should be so extracted that the most favorable diameters will be presented; but certainly no one is justified in prolonging the time that the head remains in the pelvic cavity, at the risk of the life of the child, to obviate a possible rupture of the perineum.

Unrotated occiput-posterior positions are more likely to rupture the perineum than when the occiput is anterior, but

the general principle of treating them is the same. The utmost possible time should be given for full extension.

When the forceps are used, the same practice of giving an abundance of time is the one that saves the perineum. The rapid and brilliant operator is not the one who leaves his patient in the best condition. Even careful operators will distend a perineum in ten or fifteen minutes, that by the natural process would have been three or four times that long in distending. It has been advised to take forceps off after the head has been brought down to the perineum and allow nature to expel the child through the vulvar fissure. This is, no doubt, good advice; for there are, certainly, more men who apply the forceps who do not know how to manage a head with them, than there are of those who do know how. The advice can not always be followed, because the obstruction to be overcome is in many cases just at the outlet. To the obstetrician who knows how to use his forceps properly, there is no occasion to remove them till the head is delivered. And instead of the forceps increasing the danger of rupture, they become, by giving to the obstetrician control of the advancing head, conservative.

When the forceps are used on an occiput posterior, many medical men seem to take it for granted beforehand that a bad rupture of the perineum is inevitable. Such is not the case by any means. In six consecutive cases in which forceps were used by two operators at the Maternité, on the head in the occiput-posterior position, there was but one rupture, and that one to the second degree only. The percentage of ruptnres in these cases was not more than the average as given by the text books for normal deliveries. The only precautions taken were to have the patient completely anæsthetized and to distend the perineum very slowly.

410 Hanover Street.

A faith curist has recently been compelled to pay a fine of $500 for not calling in a physician in a case of dyphtheria which ended fatally.

CONTROL OF HÆMORRHAGE DURING AND AFTER OPERATION, AND DRESSING THE WOUND.*

BY A. TREGO SHERTZER, M. D.,
OF BALTIMORE.

In no instance after an operation can a surgeon feel himself secure against the risks of hæmorrhage, unless he has taken care to ligate each vessel thoroughly. To accomplish this, it is necessary that he should resort to some means of seizing the bleeding orifice, such as a tenaculum, artery forceps or curved needle. The tenaculum is intended to hook and draw out the vessels from surrounding parts. The artery forceps perform the same office to a degree. The curved needle is applied to vessels that shrink in among surrounding parts, or where the bleeding orifices can not be readily found, or where the portions immediately around the point of hæmorrhage must be indiscriminately ligated in order to control the bleeding.

Without entering into the physiological effects of the application of ligatures to arteries, it may suffice to say that the ligature should be drawn with sufficient firmness to cut through the internal and middle coats of the vessel, and that sufficient inflammatory action be established within the artery to glue its sides together and render the channel impervious.

If the artery is diseased, care must be exercised lest the force thus applied cause the ligature to cut through the vessel before adhesion has occnred, it may be necessary to use a broad ligature or include adjacent tissues.

When an artery in a healthy condition is to be ligated, we are to seize the open end of the vessel with a tenaculum by inserting the point of the instrument into its coats, draw it out of its sheath and separate it as much as possible from the surrounding tissues, especially from the accompanying nerves; if the latter are included they may give rise to violent neuralgic pains, or tumors, and

*Read before the Medical and Surgical Society of Baltimore, October 10, 1889.

prevent the wound from healing for a long time by the retention of the ligature.

After a ligature is applied, the blood beyond it forms a clot, which, gradually rising as high as the first anastomosing branch above the ligature, causes the blood to pursue a winding course around it by dilating the collateral branches, the clot is eventually absorbed and the vessel is converted into a ligamentous cord. As for the substance of the ligatures, I prefer the hemp thread.

Torsion is effected by seizing the end of the artery in the forceps and twisting it, by rotating the instrument, until the middle and internal coats are lacerated. Torsion can only be relied upon in small arteries.

Styptics, for arresting hæmorrhage, are seldom used by a regular surgeon. Quite a number of drugs which have some property of constricting the vessels, have been recommended, as well as sponges, lint, &c.

The actual cautery was a great hobby of the late Professor Smith, but is now seldom used. I am inclined to think the evil arising from it is greater than the advantage. After accomplishing our object in arresting hæmorrhage, subsequent duty requires that we dress the wound.

The object to be attained in operating being very different in each case, it follows that the dressing must also be varied.

Certain general remarks are, however, applicable to every operation requiring division of the tissues; thus attention must be given to the means of cleansing the parts, of favoring its cicatrization, and of preventing the recurrence of hæmorrhage. In this portion of the surgeon's duty even good operators occasionally appear deficient, and show a degree of carelessness that is apparently due to the belief that the great object of the operation ceases when they lay aside their instruments.

The education also of many of our students is very defective on this point, it being no uncommon event to see a class leave the operating room before the dressing is commenced, with as much indifference as they would show if this stage of the operation really had no value.

Any surgeon of experience will sustain the assertion that the first and subsequent dressings of an operator are the real tests of his surgical skill. In making them, he first proves his claims to the high position of a surgeon, and rises above the grade of a simple cutter. In operating, he is limited to the mechanical portion of his profession, but in the dressing, and after treatment, he has an opportunity of showing his judgment and the resources of his science.

The dressing after an operation may be divided into two portions:

1st, the cleansing and uniting of the wound, and its protection from external or internal irritation, and

2nd, the selection of such means as are requisite to aid in the union.

The decision of the question of union by the first or second intention being settled, the first dressing should be made with that object in view. It is now an almost universal practice of healing, or attempting to heal by the process of adhesion, or first intention, and effort to heal the parts by granulation being an exception to the rule.

NEW YORK ACADEMY OF MEDICINE. SECTION ON ORTHOPÆDIC SURGERY.

STATED MEETING HELD OCT. 18, 1889.

A. B. JUDSON, M. D., CHAIRMAN.

RACHITIC PSEUDO-PARALYSIS.

The paper of the evening was read by Dr. H. W. Berg, who stated that in this affection the rickety child from two to five years old is unable to walk, and in some cases he cannot stand or even sit. The disability is not the result of nervous lesion, but rather the result of muscular weakness, pain in the muscles and in the bones at the points of muscular attachment, flaccidity of the liga-

ments, and softness of the bony levers. Such a child wished to be let alone, he instinctively prefers to keep quiet. This condition is to be distinguished from infantile paralysis by the absence of local atrophy and cold, and real paralysis; not so readily, however, from post diphtheritic paralysis where the differential diagnosis will rest on the preceding occurrence of diphtheria, the recent origin of the paralysis, and, above all, on the difficulty of swallowing and speaking, dependent on involvement of naso-pharyngeal and laryngeal muscles. Spastic paralysis even when mild has an exalted muscular activity which serves to distinguish it from rachitic pseudo-paralysis; and the paraplegia of Pott's disease cannot be mistaken if the kyphosis is obvious. The prognosis is uniformly favorable. These are the cases which give such good results after indiscriminate circumcision. The object of treatment should be to counteract the effect of rachitic malnutrition. These children should have a great deal of milk, cod liver oil should be given unmixed, and phosphorus in the following prescription:

℞.—Phosphori - - - - gr. j.
Alcohol. Absolut. - m cccl.
Spt. Menth. Pip. - - m x.
Glycerinæ - - - - oz. ij.
M. and Sig.—Six minims t. i. d., to be increased one drop weekly until ten drops are given.

Dr. W. L. Carr had seen a number of cases in which a striking lack of muscular power was symptomatic of rickets, although bone changes were not obvious. A number of these children had been fed at the table or on patented foods. Proper attention to diet soon brings about a restoration of muscular power without tonics.

Dr. R. J. Devlin recalled well marked cases of this affection in children who had been exclusively fed on milk from a healthy mother.

NERVOUS SYMPTOMS PRODUCED BY PHIMOSIS.

Dr. T. H. Holgate said that in his experience with non-rickety children, the relief of preputial irritation by discriminating operative interference had removed serious nervous troubles. In one case, which he had presented to the Academy, inability to walk or stand had been relieved in this way in a child who was entirely free from evidences of rickets.

Dr. R. H. Sayre related a similar case of a boy, who from some central lesion, had not walked for some years. After partial circumcision, he could walk with the aid of two canes. A trouble of twelve year's standing had thus been relieved in six weeks.

Dr. Berg closed the discussion. He agreed with Dr. Carr in thinking that rachitic inability to walk is sometimes present without the usual rachitic deformities. He recognized the fact that urinary troubles occur as the result of contracted prepuce, but he had never seen a case of lesion of the nervous centres cured by circumcision. He recalled a case of difficult micturition and inability to walk, in a rickety child whose phimosis was not relieved because the operation was refused. The difficulty in micturition persisted, but the child walked within eight weeks after being put upon proper diet.

EXCISION OF THE HIP JOINT.

Dr. R. H. Sayre presented a little boy on whom Dr. L. H. Sayre had operated by excision of the hip-joint. About a year ago the patient had presented himself with the hip very badly deformed from long standing disease. The thigh was flexed on the trunk at a right-angle and abducted. A deep abscess was opened behind the trochanter and the acetabulum and femoral head were then found to be badly eroded. The femur was divided above the lesser trochanter, at right-angles with the axis of the shaft, and the deformity was thus reduced by excision, instead of by simple tenotomy, which had been proposed at first. The wound was stuffed with iodoform gauze, and after two months of the wire cuirass, a long traction splint was applied and

the boy took a long journey to his home. At the present time there is no abduction, and but a trace of flexion, with some motion in the joint.

TREATMENT OF ABSCESSES.

Dr. John Ridlon asked whether an operation would have been advised for the abscess alone. He had found that many abscesses are certain to disappear when the hip is properly treated mechanically.

Dr. Sayre said that as the abscess was causing but little disturbance, he would have postponed operating on it if the child could have been kept under observation.

Dr. Judson thought that opening on an abscess, if done at all, should as a rule be followed by excision, as in the case related by Dr. Sayre, on the ground that the presence of diseased bone is a greater evil than the presence of pus. He had seen no bad results follow letting the abscess alone.

Dr. A. M. Phelps said that there were some cases of abscess which he would probably not open at once, but he believed the operation perfectly harmless and desired to speak emphatically against the opinion that it is a dreadful and a dangerous thing to open these abscesses.

Dr. H. L. Taylor thought that if rest and protection are secured for the joint, the occurrence of abscesses is not of serious import. The aspirator had failed in his hands apparently because it leaves shreds of necrotic tissue, which prevent the abscess from closing. It seems wise in most cases to open freely clean out easily removable debris, and close the wound. If sinuses remain, injections with a saturated solution of iodoform in ether will sometimes cause them to close.

Dr. L. A. Sayre said that on the principle that an empty house is better than a bad tenant, he always evacuates an abscess as soon as found, and by doing this antiseptically and securing thorough drainage, there is no danger of bad results.

Dr. R. T. Morris said his usual custom is to open these abscesses at once, washing out with peroxide of hydrogen, removing debris, and establishing drainage. He related a recent case in which this procedure, followed by traction in the line of the deformity, had secured a good result. He had recently performed excision in another case in which disease of the acetabulum and femur had been produced by the application by the physician in attendance of traction in a straight line, according to Thomas' method. In excising the hip, he usually makes a section through the great trochanter in such a way as to allow the lesser trochanter to go into the acetabulum and so prevent the formation of a flail joint.

THOMAS' SPLINT.

Dr. Ridlon did not think Thomas of Liverpool made traction in any line.

Dr. Phelps said that Mr. Thomas would treat a case when the leg is flexed at right-angles, by lashing the patient to the splint, and then with his wrench bending the splint down as nearly as possible to a straight line. That is a form of traction which produces great intra-articular pressure and would if continued for any length of time, produce destruction of the joint.

Dr. Ridlon said that he had used Thomas' hip splint in some twelve or fifteen cases with great satisfaction. He found it cheap and easily applied. It had not caused destruction of tissue but on the contrary, had relieved symptoms and promoted recovery.

Dr. L. A. Sayre said it seemed as if the profession were determined to misunderstand him, for he had endeavored for years past to make clear what he meant by traction in the line of the deformed limb; it is to make traction in such a way as to separate slightly the bone from the base of the acetabulum, and so prevent pressure, gradually changing the line of traction until the limb is brought parallel with the other limb, and then apply the splint; whereas if one employed leverage as Thomas does, this pressure in the joint is only

increased. Not until the limb is in proper condition, can the splint be applied to advantage. One objection to Thomas' splint is that there is no traction for overcoming muscular rigidity, and hence, it seems to be fixation only, and as such does not compare in point of efficiency with a properly applied plaster of Paris splint; for, here the weight of the limb will produce some traction, and the plaster of Paris gives the necessary fixation. Another objection is that the patients wearing Thomas' splint cannot sit down, whereas with a properly applied splint they can sit down with perfect comfort.

THE QUESTION OF EXCISION.

Dr. R. H. Sayre said that in the case presented, the original intention had been simply to open and drain the abscess; but the diseased condition of the bones necessitated excision. As regards the conditions under which he would advise excision, if the leg were straight and the abscess causing little disturbance he would postpone the operation, provided the patient could be kept under observation; but if the latter condition could not be secured, he would be disposed to remove whatever disease already existed rather than allow the case to go from under observation with the disease ready to extend at any time.

Dr. Berg thought the good condition of the patient in the present case justified operative procedure for the correction of deformity.

Dr. Taylor thought that excision might be required in neglected cases, of which there probably always will be a considerable number; but the operation should be looked upon rather as a treatment of the results of neglect than as treatment for hip disease.

Dr. Phelps practised excision by an open wound, leaving the periosteum to reproduce bone. The German surgeons remove the periosteum and capsule and try to secure union by the first intention. Their results are shortening, flail joints, and relapses in a large per cent of cases. He related two recent cases of excision in patients thirty-four and twenty-three years of age. In these cases, the femoral head was destroyed and the acetabulum extensively diseased, a condition in which removal of the disease is the most rational treatment. In one of the cases, the head was found separated from the shaft. He had frequently found this condition, and believed that the head lying loose in the joint cavity is to be considered as a foreign body. It is better to remove it than to leave it to undergo decomposition and lead to septicaemia and amyloid disease. A more useful limb is left if the exsection includes the trochanter. In general, he thought excision under the age of ten is a calamity. In the case presented, however, he thought the result was good, as extreme deformity had been corrected.

Dr. Judson thought that in excision we have no certainty of removing, together with the diseased bone, those portions which contain latent foci. He had found no method of determining whether the focus which has burst into inflammation is the only outbreak to be feared, or whether it is to be followed by others. In some patients, a single abscess closes the morbid process, in others, one abscess follows another, showing that osteitis is lighted up successively in the neck, the head, the shaft, and the bones of the pelvis. An excision may fortunately remove all that is diseased, with a good immediate result; or it may leave dormant foci, which come into activity one after another, and lead to a tedious and unfavorable result. Ultimate good results are obtained in these difficult cases by management with the hip splint, and without excision.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

STATED MEETING HELD OCT. 10, 1889.

The 697th regular meeting of the Society was called to order by Dr. Wm. H. Norris in the chair.

Dr. J. D. Kremien related

A CASE OF FALSE LABOR.

Was called Oct. 6th to see a colored woman, æt. 20, primipara, who had been suffering with labor pains for 24 hours. Examined under chloroform, the vagina was so constricted as to admit of two fingers only. The os smooth, hard and contracted. A breech presentation was diagnosed. In answer to inquiries, Dr. Kremien said she was at term, that she had menstruated in January last, and that she would be at term Oct. 7th.

Morphia was given to relieve the pain, and at that time (Oct. 10), she was not suffering and was not yet delivered.

Dr. Wm. H. Norris said he was called to see a colored women who had been in labor for 48 hours. The os was dilated to the extent of about the size of a silver quarter. He gave ten grains of ergot, eight or ten times, which brought on pains of a more decided character, but after several examinations he found the os was not dilating and that the case was not progressing. He then gave opium ; all pains ceased, and in six weeks after she gave birth to a healthy child in a normal, four hours labor.

Dr. Chas. B. Ziegler said five years ago he was called three times, at intervals of 3 or 4 weeks, to see a woman who said she was in labor. The pains, on the first and second visits were controlled by opium and it was not until the third visit that she gave birth to a child.

Dr. W. S. Gardner said four years ago a young woman was admitted to the Maternité. She was examined; the os was soft and dilatable and dilated to the size of half a dollar. The position of the child could be easily made out by digital examination. All preparations for her confinement were made, as she was expected to be delivered that night. Her pains ceased during the night, and the next morning she left. Two weeks later she came back with a child on her arm which she said she had been delivered of by a midwife a week before.

Dr. David Streett said this was the experience of every practitioner. He will be called to a case of supposed labor. Examination will reveal an os slightly dilated but not dilatable. The pains are irregular, and subsequent examination will show that the case is not progressing. He may not be sent for again for from 12 to 24 hours, and sometimes not for three or four days, or even longer. He once saw a lady who was supposed to be in labor, with her third child. She was examined, and false labor pains was diagnosed. She was given opium and one month from that night he was sent for, when she had a natural and easy delivery. These false pains occur usually about the seventh or eighth month of gestation.

Dr. W. S. Gardner read a paper entitled

PROTECTION OF THE PERINEUM.

(See page 183.)

Dr. David Streett said he had not always found the expulsive force of the uterus from behind sufficient to expel the shoulders. He saw, on one occasion, an expert who had delivered the head, but before he succeeded in delivering the shoulders the child was dead. Another time he was called to assist a physician who does a great deal of obstetric work. When he arrived he found the head had been delivered half an hour before. It required their combined efforts to deliver the shoulders, which were quite large. About a year ago he was called to assist in a case where the head had been born before he arrived, and they worked one hour to deliver the shoulders. The child had died *after* the delivery of the head in all three of the abovs cases. He has never had this accident to occur in his practice, but is always on guard for it.

He said he agreed with Dr. Gardner in the use of forceps. He is sure he has more perineal ruptures where the child is born before his arrival than when he uses forceps.

Dr. Chas. B. Ziegler said about three years ago in a case of distorted pelvis, the head was delivered with forceps; it was then found that the shoulders prevented further delivery. Assistance was then obtained and they pulled without effect. Finally he introduced his hand and felt while his companion pulled. He found that the shoulder was caught in the distorted pelvis, and by directing the traction in the proper

direction, the shoulder slipped off and was delivered easily.

Dr. W. S. Gardner said the idea he wished to convey in his paper was *not* that the expulsive force of the uterus was always sufficient to expel the child through the vulvar fissure, but that sufficient time should be given for the uterus to contract *after* the child, and not to deliver too rapidly.

Dr. A. T. Shertzer read a paper on

THE CONTROL OF HÆMORRHAGE DURING AND AFTER OPERATION AND DRESSING THE WOUND.

(See page 185.)

Dr. J. W. Chambers said the dressing of wounds following operations made the difference between the surgical practice of the past and of to-day. It is not so much in the technique of the operation as in the after-treatment, that we of to-day excel our fathers. It is too often the case that students pay no attention to dressings, and it depends on what he knows about dressing a wound, as to whether he will make a bungler or a successful surgeon.

Dr. Wm. H. Norris said Dr. Shertzer has said nothing about pressure to control hæmorrhage. He saw, on one occasion, a girl who had received a punctured wound of the foot by a large butcher knife falling upon it. He used pressure and thus controlled the hæmorrhage satisfactorily. In three cases of prolonged hæmorrhage following extraction of teeth, he had replaced the teeth in two of them, and thus by pressure had controlled the hæmorrhage.

Dr. Thos. B. Evans said he had used pressure where the palmar arch had been cut. He was called to see the case late at night, and not being prepared to operate, he placed a piece of cork over the radical and alse over the ulnar arteries and applied an elastic bandage. He went the next morning prepared to ligate the arteries, but on removing the bandage there was no hæmorrhage; the treatment was continued with good result.

Dr. A. T. Shertzer said he had not said anything about pressure, because he was considering operations and not accidents.

Dr. J. D. Kremien said he had used pressure as the only means of controlling hæmorrhage in an amputation of the leg at the knee. In answer to an inquiry as to how long the pressure was applied, he said only long enough to dress the leg.

J. Wm. Funck M. D.,
Recording and Reporting Sec'y.
1710 W. Fayette Street.

TREATMENT OF IODISM.

The origin and treatment of iodism is the subject of an essay by Roehmann and Malachowski, who regard the manifestations of intense irritation of the mucous membrane, which so frequently follow the administration of small as well as large doses of iodine, due to free iodine in the system. It is necessary for this development that nitrites should circulate in the organism and that the reaction of the respective mucous membrane should not be alkaline. Hence, the authors' attempt by administering 150 to 180 grs. bicarbonate of soda in two doses daily, to render the mucous membrane alkaline. By this treatment, pursued since 1887, they have succeeded not only in ameliorating the most intense iodic irritations, but in removing the milder ones entirely.—*Therap. Monatsh.*, 1889.—*Times and Register.*

The State Board of Health of North Carolina has issued the following: "All physicians in the State must register with the Clerk of the Superior Court before January 1, 1890, if they intend to practise thereafter and collect their fees for services rendered. There will be no subterfuge allowed. The law must be enforced."

Recurrence of volvulus can and should be guarded against by shortening the mesentery, by folding it upon itself parallel to the long axis of the bowel and suturing the apex of the fold to the root of the mesentery.

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WILLIAM B. CANFIELD, A.M., M.D., Editor.

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BALTIMORE, JANUARY 4, 1890.

Editorial.

THE EVILS OF CONTRACT PRACTICE.

There is something very attractive about a fixed salary. A man who has once enjoyed a regular income is very unwilling, especially after youth is past, to exchange it for an irregular income. He would rather stay in the old place on a smaller salary, than shift for himself. This is one of the dangers of contract practice. Physicians will always be found, men of the greatest skill too, who will work for far less than their services are worth, if only they may have a fixed income.

In the *N. O. M. and S. Journal,* October 1889, the editor describes the unhappy results of this system which has prevailed for some time in New Orleans. An examination of the subject, as presented in its many phases there, would he says, cause reasonable men in other cities to avoid it with horror. He who undertakes this sort of practice, at first derives great benefit from it pecuniarily. Many patients of old, established practitioners consult economy and take up with the new doctor. Those physicians who are thus underbid become gradually hostile to those who underbid them. The sense of fellowship and common interest is lost, and one may easily imagine the degradation of the profession without these qualities. Contract work for mutual aid societies is no better than contract family practice, The lowest bidder gets the plum. At the end of the year his visits average fifteen to thirty cents each. Then he must submit to any treatment the members give him, else he will not be re-elected. Efforts to abolish the custom have failed, because the physicians are jealous of each other and will not unite in any movement.

The evils of dispensary cheap treatment are well known in Baltimore; it is to be hoped that this greater evil will be avoided. It can be prevented only by the determination of the best doctors, that they will put up with small incomes until they can gather a sufficient number of patients who will respect and pay them for their skilled work. If only inferior men do contract work, the skilled physicians need not fear competition in the long run.

Correspondence.

THE INFLUENZA.

Editor Maryland Medical Journal :

Dear Sir :—So much that is incorrect is being written about the impending epidemic of influenza that it seems worth while to bring together, in brief, the known facts concerning this singular disease. I say "impending epidemic" because I believe the disease will spread throughout the United States as it is doing in Europe.

The first epidemic of influenza of which we have any trustworthy account, according to Hirsch, occurred in Italy, Germany and England in the year 1173. In the fourteenth and fifteenth centuries records show its prevalence in seven different epidemics. In 1510, the first epidemic which prevailed throughout the whole of Europe was recorded. In this year it appeared for the second time in England. A very wide-spread epidemic on the eastern hemisphere was observed in 1580. In 1627 it appeared for the first time in America, beginning in the New England States. In 1655 it again broke out in the same region. For three-quarters of a century the country was spared a visitation, until 1732, when an epidemic began in New England, which spread thence all over the globe. During the remainder of the eighteenth century epidemics occurred in this country eight times. In the present century the disease has prevailed more or less extensively in this country at thirteen different times. The last considerable visitation occurred in 1879, when it was not very prevalent.

Influenza is unquestionably an infectious but not directly contagious disease. Its etiology is as yet entirely unknown. Peculiarities of climate, season, meteorological conditions, geological formations, or racial characteristics have no apparent influence upon the causation or spread of the disease. It may occur at any season, although it is more likely to prevail in the winter and spring than in summer or autumn. It has been observed in Russia and Siberia in the dead of winter, and in the West Indies in midsummer. An epidemic (1732–33), began in New England in October and reached Russia on the East and the West Indies and South America (Peru) on the South within a month. Six months usually suffice for the spread of an epidemic throughout an entire hemisphere.

There is, at first thought, something mysterious and intangible in the pandemic character of this disease. Is it due to some subtle change in atmospheric conditions, to a diminished resistance of the system to external influences, or to a micro-organism ? If the latter, how can its rapid spread be explained ? Perhaps all three of these factors may be invoked to account for its outbreak. We may, I think, rationally suppose it to be due to a micro-organism. This micro organism may be assumed to be constantly present in the atmosphere, but only under certain atmospheric conditions does it become sufficiently virulent to become pathogenic. Under these conditions it attacks the mucous membranes of the respiratory passages and entering the blood produces the symptoms that characterize the disease. Those who would regard this view as absurd are asked to study the conditions under which croupous pneumonia devel opes. The pneumonia germ (Sternberg's micrococcus Pasteurii, Fränkel's pneumonia-coccus), is always present in the atmosphere or in the buccal secretions. It is only at certain times, or perhaps it would be more correct to say, under certain (atmospheric) conditions, that it becomes pathogenic, and results in outbreaks of pneumonia which sometimes assume an epidemic character.

The study of the bacteriology of influenza will furnish abundance of amusement for the large number of young men who think that bacteriology constitutes the whole of epidemiology, and that all the problems of an epidemic of contagious disease are solved when the proper germ is isolated, but until this research is completed (and afterward also), there will be plenty of work for the clinician, the practical doctor who doesn't care a copeck for germs, and for the sanitarian.

How to cure, or at least alleviate the discomforts of this plague, and how

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to limit its ravages? These are practical questions that confront the practitioner.

Everyone will probably treat his cases in nearly the same way that he would any other case of severe respiratory catarrh with nervous complications. Morphine and atropine for the nasal and laryngeal symptoms; antipyrine or a similar agent for the aches and pains in head, back, chest and limbs; a brisk cathartic for digestive disturbances, and a bitter tonic and nerve stimulant for the depression of the system consequent upon the disease—and its too active medication.

Of prophylactic measures, those which are appropriate in all pulmonary complaints are indicated. The avoidance of anything calculated to depress the vital powers, overwork, irregular meals and hours of sleep, and exposure to the inclemencies of the weather will be the best protection against an attack, or serious consequences therefrom. The public sanitary measures to be adopted are simply those which are recognized as always appropriate and may be summed up in two words: dryness and cleanliness.

Very truly yours,

January 1, 1890. GEORGE H. ROHÉ.

Miscellany.

THE OPENING OF THE NEW CITY HOSPITAL

The Faculty of the College of Physicians and Surgeons tendered a reception to the medical profession at the new City Hospital last Wednesday night. From eight to nine o'clock there was an inspection of the hospital building, which was illuminated throughout. After the inspection, the company assembled in the main reception hall, where Prof. A. Friedenwald delivered an address. Dr. Friedenwald said that the "college of Physicians and Surgeons, in assuming charge of the institution, which is to be devoted to the cure of disease and to the alleviation of suffering where the disease cannot be cured, feels that now, more than ever, it will be able to meet the demands of modern science. Here the teacher obtains his most useful experience and the student acquires his best lesson. The college began its career in 1872, its only capital being a faculty determined to succeed, and which proved itself qualified and deserving of success. In 1874, through the liberality of the State, the faculty was enabled to establish a maternité, which not only became a praiseworthy instrument of charity, but has accomplished much in imparting scientific instruction. This branch of the college is a pioneer, if not the pioneer in the country. In 1878 the acquisition of the hospital—which will hereafter be known as the Old City Hospital—opened a new future for the college. From that time on it has rested on a solid foundation. The coöperation of the Sisters of Mercy was secured for that part of the work, which few could do as well, and none better. Though the old hospital has been supplanted by this grand structure, we will ever hold its record in grateful remembrance. It has done much good work, though unsuited in many respects for a hospital, but it exemplified how much good can be accomplished, even under unfavorable circumstances. The hospital being located in the heart of the city, will be enabled to extend aid without too much delay, and among its many advantages will be that of location. What the old hospital lacked in comforts demanded of a modern hospital was made up by the labors of the Sisters of Mercy and the medical staff. The site now occupied by this asylum—the City Spring—had become perfectly useless for the purposes originally intended. The citizen who here quenched his thirst and enjoyed the benefits of the shady nooks had departed, and the vagrant and the tramp established his dominion there. The water became impure; the place had degenerated, and was deprived of its former cheerfulness. Even the old keeper, though willing to remain, felt unhappy. The college had hoped that the property would be given to charity, but there was such opposition from cer-

tain quarters that this hope was abandoned, though, judging from some of the opposition, it did not emanate from the purest of motives; but now that a noble institution has been erected, we will let that pass, as charity covers a multitude of sins.

By an arrangement with the hospital authorities, the medical staff and college will have use of the hospital in perpetuity, and the hospital will secure the benefit of medical skill. In future there will be more room in the old building for its proper use. The buildiug will be enlarged, and such improvements will be made as are desirable in a first-class college. It is announced that in this hospital reputable physicians will be able to secure room for private patients in a private room, and can keep them under tueir care. By day and by night its portals will ever be open for those seeking its benefits; a physician will always be found at his post, and a sister of mercy will never be absent when wanted. Neither religious nor race prejudices will find any place here. The city can congratulate itself upon this grand addition, and Sister Mary Benedicta, the moving spirit, nay, the heroine, dared to undertake what seemed almost an impossibility, and succeeded. It was faith that induced to sisters the sisters to enter the life they follow; it was faith that led them to the battlefield, and it was faith that induced them to undertake this work. It is a free offering to the city of Baltimore. They look for no reward, but it is due them that their work be appreciated, and that assistance be extended them when needed in the future."

Upon the conclusion of the address adjournment te the supper room was announced, and after thirty minutes' stay with the refreshments, a poem was reod by Professor G. J. Preston, and addresses were made by Professors Geo. H. Rohé and N. G. Keirle.

The medical and surgical staff of the college consists of Professor Thomas Opie, Thomas S. Latimer, A. Friedenwald, C. F. Bevan, George H. Rohé, J. W. Chambers, George J. Preston and N. G. Keirle, pathologists; resident physician, Dr. Wm. F. Smith; assistant, Dr. John W. Branham. Besides members of the Faculty, there were Health Commissioner Steuart, Assistant Health Commissioner McShane, Drs. Randolph Winslow, Bressler, Biedler, A. Trego Shertzer, Charles B. Ziegler, Davis, Pickel, Earle, Saunders, Belt, Whiteford, Norris, Cordell, Professor Ashby, Professor Simon, Dr. C. M. Morfit, Dr. Patterson, Dr. E. R. Walker, Professor John G. Jay, Dr. Emmert Stuart, Dr. Hammond, Dr. Brayshaw, Dr. George B. Reynolds Dr. C. H. Jones, Dr. John Spicknall, Dr. Van Bibber, Dr. Ward, Dr. Rickert, Dr. Smith and others.—*Baltimore American.*

TUBERCULOSIS

Dr. Greffier (*La France Médicale*, Nos. 115 and 116), writing upon recent researches in tuberculosis, alludes to several papers on this subject read at the recent Heidelberg Congress of German Physicians and Naturalists. In the course of a discussion Professor Rindfleisch declared that there were two different bacilli in phthisis, and that he had observed that the bacillus met with in miliary tuberculosis differed in thickness from that found in phthisis. But, as Dr. Heller pointed out, such differences may arise in the same sputa examined at intervals of a few days; and Dr. Greffier is doubtless correct in regarding this notion as insufficient on which to restore the doctrine of duality of phthisis. Dr. Böllinger finds that dilution of the milk of tuberculous cows deprives that fluid of its infective property, whether the dilution be made with water or with the milk from healthy animals. If this be so, then it is a point in favour of obtaining milk from large dairies, and also should check the practice of consuming milk taken from one cow alone, and unmixed with that from others. Yet it was found that not even a dilution of 1 in 100,000 destroyed the virulence of bacillary sputa. The subjects of heredity and contagion in respect to the transmission of phthisis were also discussed. Dr. Aufrecht held that the former was much more impor-

tant than the latter, and declared that he had never met with, either in hospital attendance or in private practice amongst married persons, a single undoubted example of phthisis being communicated by contagion. On the other hand, Dr. Heller said that cases of phthisis did arise in hospitals; he had seen cases of croupous pneumonia which, instead of resolving, passed into caseation which he attributed to bacillary infection. In the Section of Hygiene, Dr. Sonnenberger, in a paper on the Risks of Bringing up Infants on Cow's Milk, declared that the number of "tuberculous" (*perlières*) cows in certain parts of Germany averaged 60 per cent, and that in Paris the mortality ef infants attributable to the consumption of such milk was frightful. Other drawbacks to the use of cow's milk lay in the fact that certain vegetable poisons mingled with the food of the animal may appear in the milk. He especially pointed to the feeding on grains or by-products of alcoholic fermentation as liable to render milk poisonous and to account for gastro-intestinal catarrhs in children. Dr. Schottelius finds that inhumation of tuberculous viscera does not, even after the lapse of a year and a half, destroy the bacilli or notably impair their virulence.—*Lancet.*

MAGISTRAL PRESCRIPTIONS.

In a late number of a medical journal (*Times and Register,* Phil., Oct. 5, 1889) is published a prescription for bronchial asthma, evidently translated from the French, and credited to Dr. Poulet, wherein a half dram of oxalic acid is made to do duty in an eight-ounce mixtnre, of which a tablespoonful is to be taken every hour until relief is obtained, thus giving two grains at a dose of a chemical which the dispensatories agree is not used in medicine, and which is frequently used in domestic parlors for cleaning brass kettles and occasionally by bankrupts and disappointed lovers as a means of shuffling off this mortal coil. As it reads, the prescription is either a mistranslation or an oversight in proof-reading, unless, perchance, the French asthma is particularly obstinate, demanding heroic treatment. The conservative American practioner will look considerately before applying it to the native-born citizens of this young and tender country.

While the use of such a formula would be hazardous, the use of many, if not most, of the formal prescriptions published so commonly in current medical literature is very disappointnng. It is the common lot of all who follow the custom of trying the published prescriptsons—whether they are under the suggestion of unrecognized observers or have the authority of a great name—to meet with pretty uniform failure in obtaining the results claimed for them by the writers. This statement does not impeach the honesty or the truthfulness of the writer, for however constant the habit of medical men of rushing into print with new experiences, no reader ever accuses the writer of wilful misstatement. The certainty is, however, that much of the recommendation of drugs and of formulas is made on the basis of moderate experience in their use. Very few of the remedies offered to the medical public by the chemical analysis and by manufacturing firms survive a brief trial, and this experience is so uniform that cautious men who have years of observation behind them are chary of taking much risk with new therapeutc products.

By granting the honesty of the writer in his support of a special prescription, the personal equation of the observer must account largely for the failure of the readers to attain his results. He has dealt with certain conditions, which are not duplicated in the experience of others and the results are not the same. Formularies and text-books contain many prescriptions which have become classical, and publishers have not been slow to adopt the catch-penny ruse of circulating the "favorite prescriptions of eminent practitioners." As a rule, following

these prescriptions is an unreliable guide in practice, They should be carefully scrutinized to avoid explosive or poisonous or incompatible compounds from bad proof-reading, but, also, the patient should be saved useless expense at the pharmacy, which must always ensue unless there is conscience and intelligence and good judgment in the lead pencil of the prescriber. A Southern doctor, a few years since, saw in one of the journals that a mixture of equal parts of hydrate of chloral and camphor was excellent as an anti-prutitic. He tried it on a raw surface on his own person, and published in the same journal that his life was thence-forward to be devoted to finding the man, who suggested this mixtnre for that purpose, that he might shoot him on sight. The doctor might himself have found an earlier grave than he desired had one of his patients received the promised nepethe at his hands. Prescriptions are to be respected, but they usually require great longevity before they are to be venerated.

MERCURIAL FLANNEL.

In the October number of *L'Union Pharmaceutique*, M. P. Carlos gives a detailed account of the method of preparing mercurial flannel, an article which appears to be coming into use in France. Its introduction is due to Professor Merget, of Bordeaux, who in his recent thesis for the degree for doctor of medicine, shows that when frictions are made with mercurial ointment, the mercury is not absorbed by the healthy skin, and that the metal acts only by the vapors which it spreads, and which are introduced into the system by means of the respiratory passages. The inconveniences attending the use of mercurial applications are well known; they are sometimes difficult to apply, and occasionally they cause cutaneous eruptions and salivation. Professor Merget has proposed to replace them by applications of thick tissues, upon which is fixed an adherent deposit of mercury reduced chemically to an impalpable powder, and placed in conditions most suitable for it to become slowly vaporised. Flannel is the material used for this purpose. It is first treated with a solution of sodium carbonate in order to free it from grease, and thus prepared it is dipped into a saturated solution of mercurous nitrate and afterwards into liquor ammoniæ; this solution precipitates the mercury in the tissues of the flannel as mercurous ammonium. To make use of the mercurial flannel it is sufficient to place a square of 25 centimètres on one side near the respiratory passages. Although the system is thus in direct contact with the mercurial vapours, it is not saturated by them, for they are rapidly eliminated by the renal and intestinal excretions, and thus an equilibrium is maintained. Experience has shown that respiring these vapours every night, and leaving them off during the day, sick people and those in good health support them without the least inconvenience during several months. It is necessary to observe that if the mercurial dust from the flannel be inhaled with the vapors, salivation is rapidly produced. The piece of flannel, therefore, must be enclosed in a bag of some light tissue, so as to prevent the dusting out of the mercurial powder. The flannel thus protected is placed under the patient's head if he sleeps on his side, or upon his chest if he lies upon his back. This mercurial flannel will give sensible vapours of mercury which can be recognised by tests for years. It weakens, however, sensibly every day when in contact with the hot body. It is therefore necessary to renew it about every three weeks. It can also be used as an application to the skin in cutaneous affections due to parasites. For this purpose it is applied in the form of a glove, a sleeve, or bandage.—*British Med. Jour.*

FATAL RESULT OF SUSPENSION FOR ATAXY.

A case of locomotor ataxy, in which suspension was followed by death, was not long ago reported by Dr. C. Borsari, of Modena. The patient, a man aged 45, was in the second stage of the disease, which was complicated by aortic

incompetence. After the first suspension, which lasted fifteen minutes, and was carried out "with every precaution and with the help of a well constructed apparatus," the patient had momentary anæsthesia in the feet; his face became pale, his eyes glassy, and he complained of giddiness and faintness. These symptoms passed off after a while, and the man was able to walk back to his ward. He was afterwards suspended for short periods on alternate days, though the operation was always followed by increase of staggering in the gait, by convulsive movements of the arms and legs, and by pallor and an expression of distress in the countenance. After three or four sittings, however, there was a notable improvement in motor co-ordination. Later on violent vomiting (an entirely new feature in the case), set in, together with a certain amount of pyrexia, which lasted for forty-eight hours. When the temperature fell to normal he was suspended for the eighth time, the operation lasting forty seconds and being followed by no untoward effect. Soon afterwards, however, the vomiting became worse, and the man complained of intense pains in the epigastrium. This was speedily followed by delirium with convulsions, ending in coma and death three days after the last suspension. The necropsy confirmed the presence of the aortic disease and the characteristic lesions in the spinal cord; in addition to these there were also found signs of acute exudative leptomeningitis, both cerebral and spinal, the latter being in the dorso-cervical region. There was no indication that the affection of the heart had been in any way aggravated by the suspension; and Dr. Borsari leaves it to be settled by further experience whether the acute inflammatory process was set up by the strain to which the membranes of the spinal nerve roots were subjected during suspension. He points out that, although suspension has been performed thousands of times, no similar accident has yet been recorded.—*Brit. Med. Jour.*

A new Danish *Pharmacopœia* is begin prepared by a committee which is at present sitting at Copenhagen.

CYSTIC TUMOR OF CONJUNCTIVA PRODUCED BY STRIKING THE EYE WITH BRISTLES OF A HAIR BRUSH.

S. W. W., æt. 28, mulatto, consulted me for a painful eye, giving the following history:

Three weeks before visiting me had, while in the barber's chair, been brushed accidently in the right eye by hair brush while in the hands of the barber. At this time there was but little pain. Three days after accident began to have pain in eye, which gradually grew worse, and finally became so bad he had to stop work and seek relief. The pain was always worse at night, and so severe that he was able to get but little sleep. At time pain developed he noticed a small red bump on the eye, which has been slowly increasing in size. One week before I saw him he noticed that the bump had become yellow.

When I saw patient for first time, there was much photophobia and lachrymation, v. 20–47 each eye, but could see a little more distinctly out of left than right. There was now a yellowish tumor the size of a split garden pea, and resembling it much in color and shape, under the conjunctiva of the outer side of the cornea, about three lines away. It was movable to a degree, and the vessels of the conjunctiva were running to it from every direction, greatly engorged, and the conjunctiva in this region much swollen. Such a condition we see in ordinary phlyctenular conjunctivitis. The eye was freely movable in every direction, but it was painful to do so. In lower lid of same side, showing through skin, near tarsal border, was another yellow swelling of same size, but not painful, and this he had had for a longer time. This was opened and proved to be a suppurating tarsal cyst. Thinking from the history, the appearance and the abscess in the lower lid, it might be an abscess also of the conjunctiva, a small Graefe's knife was passed into it from the temporal side, the eye being under the influence of cocaine, but on withdrawing the knife nothing came out. There was some little bleeding. The eye was dressed with a com-

press and bandage, and cocaine two per cent., to be used in case of pain. On the next day swelling was reduced some in size, and much of the yellow color gone. No pain. It was again punctured with a similar result; the eye still remained congested.

Two days after, the tumor was still apparent, though smaller. A free opening was made which was followed by the escape of some glutinous water. Cocaine was still used two or three times per day, with compress for a few days, after which he was able to resume his work. A week later I saw him; he had discontinued treatment, and naught was seen but a small brown pigmented patch under the conjunctiva where the tumor had been.

Salezowski* mentions three kinds of conjunctival cysts; the transparent like vesicles situated in the ocular conjunctiva; the white, sebaceous confined to the palpebral conjunctiva, usually; and the hydatids in both ocular and palpebral. DeWecker† says "the conjunctival cysts constitute a variety of benign tumors which are observed on very rare occasions." They are usually situated near the border of the cornea, and vary from the size of a large pin-head to that of a pea. They are round or oval, and circumscribed. Sometimes the color is a rose, sometimes transparent, and again yellow. Their membrane envelope is more or less resistant, while the contents may be liquid or thickish. Meyer‡. According to Arlt§ simple cysts are seen after blows on the eye. Others also believe them to come after trauma. (Zaunder and Seissler, Ubthoff.) But according to DeWecker‖ we have no positive knowledge of the cause. Schmidt-Rimpler¶ observed a case developed on the apex of a pteryginm. The only treatment is to open the cyst freely and let out its contents; if this is not sufficient, the cyst walls will have to be destroyed by slight cauterization with stick nitrate of silver; many authors advise complete enucleation of the cyst, but owing to the thinness of the walls, it is difficult to do, the walls usually giving way during the operation.—S. Latimer Phillips, M. D., Savannah, Ga., in *Atlanta Med. & Surg. Journal*, for Dec. 1, 1889.

*Salezowski. Traité des Maladies des Yeux. Paris, 1888. P. 232.

†DeWecker, Therapeutique, Oculaire, Paris, 1878. P. 143.

‡Meyer. A Practical Treatise on Diseases of the Eye. Translated from the French by Freeland Fergus, Philadelphia, 1887. P. 111.

§Arlt. Chemical Studies on Diseases of the Eye. Translated from the German by Lyman Ware. Philadelphia, 1885. P. 112.

‖Op. cit., p. 143.

¶Schmidt-Rimpler. Augenheilkunde und Ophthalmoscopie. Berlin. 1888. P. 451.

THE TREATMENT OF INFLUENZA.

M. H. Huchard, writing in the *Revue Gén. de Clin. et de Thérap.* (Dec. 12), speaks of nervous prostration as being a chief clinical characteristic of severe cases of influenza, requiring for its treatment quinine, alcohol, and, in bad cases, even injections of caffeine and ether. Quinine he says, is indicated on account of the markedly remittent type of fever, and to moderate the evening exacerbation it suffices to give a full dose (5 to 15 grains) of the sulphate or hydrobromate in the morning. Smaller doses more frequently taken are useful for their tonic rather than antipyretic effect. In the neuralgic or rheumatoid form of influenza antipyrin (15 grains) combined with bicarbonate of soda (7½ grains) is recommended by M. Huchard, to be taken every four hours, or instead of antipyrin, phenacetin or salol (7 grains) Influenza often assumes a broncho-pulmonary form, and in certain cases is very grave. In the epidemic of "la grippe" in 1886, recorded by M. Menetrier, the pneumonic forms were very asthenic. In such cases, tonics, milk, alcohol, and, in fact, general restorative measures are indicated rather than local applications to the chest. If the dyspnœa became severe, and the condition termed by Graves "pulmonary paralysis" ensues, then strychnia is of value; or in case of impending asphyxia or renal asthma, venesection; but when the asthenia itself threatens life, there should be no hesitation at resorting to hypodermic injections of ether, and especially of caffein. For the gastro-intestinal form, mild aperients, ipecacuanha, and the use of salicylates of bismuth or of magnesia, naphthol, or iodoform to promote intestinal antisepsis, are indicated.—*Lancet.*

Medical Items.

Dr. Bramann has been promoted to the rank of Extraordinary Professor of Surgery of Berlin.

Dr. Wm. H. Downs of Denton, Deleware died last Thursday at his home in the forty-eighth year of his age. Dr. Clarence Downs of this clty is his son.

Dr. Sargeant, of Harvard College, says that those who have been most successful in heavy gymnastics are also subject to nervous complaints.

The Congress of International Medicine which, up to the present has always held its annual gathering at Wiesbaden, will, on the present imvitation of Professor Nothnagel, meet at Vienna in 1890.

The Convention to frame a Medical Bill was held at the Hall of the Faculty last Thursday. The meeting was very harmonious and a bill, to be presented to the legislature, was drafted. Futher particulars will appear in next issue.

A Canadian Practioner, through absent-mindedness, prescribed bisulphate of morphine instead of quinine. The drug clerk, perceiving an error substituted sulphate of morphine. Result was fatal, and a double suit is pending to settle the question of who caused the death.

The twelfth Congress of Balneologists will meet on March 8th, and 9th, 1890, at the Pharmacological Institute at Berlin, under the presidency of Professor Liebreich. Notice of communications should be sent as possible to the General Secretary of the Balneological Society. Dr. Brock, Schmidtstrasse 42, Berlin S. O.

The chair of surgical clinic, vacant by the death of Volkmann, will, it is stated, be offered to Dr. Schede, of Hamburg, a favorite pupil of the deceased surgeon, and for many years his chief assistant. In the meantime Professor Oberst and Dr. Fedor Krause have charge of the su.gical clinic. The latter has just been appointed an Extraordinary professor.

Dr. Gabriel E. Porter of Lonaconing, Alleghany county Md., died on Dec. 30th. He was a graduate of Jefferson Medical College and was widely known as a skillful surgeon, He furnished many able papers which were published in the *Medical and Surgical Reporter*, and was a member of Medical Society of Alleghany Co. and of the Medical and Chirurgical Society of Maryland.

The Garrett Free Hospital for Children, 27 North Carey Street, Franklin Square. (Maintained by Mrs Robert Garrett) is now open for the reception of white children suffering from non-contagious diseases whose parents are unable to pay a physician. They will be well cared for by trained nurses, and receive best of medical and surgical treatment. Apply to Dr. W. B. Platt, at No. 27 North Carey Street, between 12 and 1 P. M. daily, except Sunday. Children wounded or badly injured can be taken to the hospital for surgical aid.

The 8th yearlv issue of the "International Medical Annual" (for 1890) is announced for early deliverv. The Prospectus gives promise of excellencies snrpassing all former editions. Its thirty-seven editors in the several departments are to give a summary of New Remedies alphabetically arranged also a resumé of New Treatment in Dictionary form; with references to the Medical literature of the world pertaining to the year's progress of Medicine.

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The following Executive Committee of the Continental Anglo-American Medical Society has been appointed : Dr. Hon. Alan Herbert (chairman), 18, Rue Duphot, Paris; Dr. Faure Miller, 28, Rue Matignon, Paris; Dr. John Chapman, 224, Rue de Rivoli, Paris; Dr. E. Dupuy, 53, Avenue Montaigne, Paris; Dr. Barnard, 34, Rue Washington, Paris; Dr. Thomas Linn (honorary secretary, 16, Rue de la Paix, Paris; Dr. Philip Frank, Rue Hermann, Cannes; Dr. J. Edmonston Charles, Via S. Nicolo da Tolentino, Rome; Dr. St. Clair Thompson, 1, Via del Moro, Florence. The next meeting and dinner is called for Monday October 6th, 1890, when the dates of future meetings will be decided.

Original Articles.

ON THE PROPAGATION OF THE COMMUNICABLE DISEASES AND THEIR PREVENTION.*

BY W. C. VAN BIBBER, M. D.,
OF BALTIMORE, MD.

It is reasonable that any one should feel a diffidence in giving expression to what might be termed new or special views concerning the progagation of the communicable diseases, at the present time, and in the light of our present knowledge.

If the way in which these diseases are communicated from one individual to another has already been pointed out, then, surely it may be confidently expected that some means by which this communication can be prevented will soon follow. My own observations in this matter have been made in the private practice of medicine, and in the midst of the routine life which this calling demands. I have not had the opportunity to carry out a fixed series of experiments to prove the propositions which will be made in this paper, and for the abscence of this advantage permit me in the beginning to claim your most favorable indulgence.

The views which I hold upon this subject are so simple, so feasible, so easily put into operation, and so in accordance with what is usually called medical common-sense, that I may have been deterred from mentioning them before this time, principally on account of their simplicity; and even now, I feel that I may be expressing thoughts and reiterating truths concerning which you have all in your own minds already decided. But as some of the ideas and principles of practice which are to be discussed to-night have recently been brought forward and published by others as something new, I feel that I may even owe an apology, both to you and to myself, for having kept silence so long.

The acute communicable diseases most frequently encountered in this city in private practice are, diphtheria, scarlet fever, rubeola pertussis and parotitis. The sequence in which they have been mentioned is in the proportion of their mortality. There is also a class of more chronic diseases which are now considered communicable. Prominent amongst these stand, phthisis, typhoid-fever, and (questionably), pneumonia. Besides these, again, there are syphilis, gonorrhœa, erysipelas, puerperal fever, anthrax and others, which belong to a class of diseases which are of longer duration. The communicable diseases which are quarantined against at this port are, yellow-fever, cholera, small-pox and typhus fever. Concerning these two last mentioned classes of diseases I shall say but little, as our time is limited. But it may be as well to state at the outset, that it will be held in this paper, that the principles which govern the communication of the one class are identical with those which govern the other; and likewise the principles governing the prevention of the communication of one class, may be applied, with modifications, to the prevention of all. I have had, personally, a larger number of cases of scarlet fever than of any other of the diseases which have been mentioned, and have in it seen more positive results from the practice which it is the object of this paper to describe. But I have also experimented to some extent with diphtheria, rubeola and parotitis.

The plan which I will recommend for the prevention of the communication of scarlet fever has been practised by me for many years, and is invariably resorted to whenever I encounter this disease. I have much confidence in it, and it has relieved my mind from the great terror which I once had of this disease. It is a plan of practice having for its object the prevention of the spreading of the disease throughout a given family, school, or household. The two facts which suggested it to me are no doubt already anticipated by you all. They are these:

First, scarlet fever, in common with the other communicable diseases, is spread from one individual to another by means of germs. I need not, and will not attempt, in this presence, to prolong this paper by mentioning the many

*Read before the Baltimore Academy of Medicine. December 3d, 1889.

species of micro-organisms which at present enter into the literature of the communicable diseases, but will confine myself simply to the terms, seeds and germs.

The germs, by means of which some of the communicable diseases are spread, have been isolated under the microscope and cultivated in the laboratories, but for many of these diseases their particular germs have *not* yet been detected. Scarlet fever is amongst this latter class. But it is claimed, and must be admitted, that during the course of this study, certain laws have been formulated, by means of which those diseases which are communicated by germs can be definitely distinguished from those which are not spread in this way. Quite enough has been done in this field to stop such theoretical discussions which at one time were so abundant upon this subject. The time has fairly arrived now when a different and a more positive practice may be taught and avdocated.

The second fact, which has suggested the practice to be hereafter recommended is, that there are certain chemical substances called antiseptics, disinfectants and germicides that destroy the life of these disease-spreading germs. For proof of *this* fact I need not detain you; for it is sufficient to refer to the report upon disinfectants, published by the committee appointed for this purpose by the American Public Health Association, in 1889. This report stands as authority. It was made by Assistant Surgeon Geo. M. Sternberg, Dr. Geo. H. Rohé, and others, from work done in part at the Johns Hopkins Laboratory, and is no doubt perfectly familiar to you all. The report was made in 1885, 1886 and 1887, and if it be accepted as sufficient proof of the fact that certain chemical substances do act as disinfectants and antiseptics by virtne of their power as germicides, than the two facts which are wanted as a basis of the treatment now to be mentioned are fully established.

The particular plan of treatment to be explained can be more readily and briefly brought before your notice by giving illustrations from actual practice. Of these I will select two.

Case 1st.—T. S. aged 4 years was found with malignant scarlet fever on the 14th of May, 1885. There were two other children and four grown persons in the same house who had never had the disease. An antiseptic oil was procured in a short time. It was composed of salicylic acid (grs. xii), carbolic acid (m xii), thymol (grs. ii), oil of anise m xii, suspended in the camphorated oil of the U. S. P. (ʒ i). With this the patient was rubbed from head to foot twice daily. The hair, and almost each particular hair, and every part and fold of the skin, was carefully rubbed with this antiseptic oil. Carbolic and salicylic acids were given by the mouth and injected into the rectum; the latrines were carefully disinfected by a strong disinfectant solution; a free use was made of the bromo-chloralum to disinfect the air of the room; and besides this, the usual extract of belladonna prescription was given to the unprotected, who also used thymol soap and sprays of bromo-chloralum, and a solution of bi. chlor. hydrarg in eau de cologne. No communication of the disease occurred.

Case 2nd.—P. C——, aged 5 years, was found with anginose scarlet fever, on the 11th of April, 1886. Three children and four adults, all unprotected, were in the same house. A similar treatment to the one just described was pursued, with a like result.

These two illustrative cases have been selected at random from many similar ones, and are deemed sufficient to explain the practice in its details.

This plan of treatment, simple as it is, needs no further explanation, and requires but little comment. It is based upon the two facts which have been mentioned.

When an individual or patient having a communicable disease is promptly sterilized by the application of potent germicides, externally and internally; when the air of the room, and those persons in contact with the patient, are also thoroughly disinfected, such a practice should be successful in preventing the disease, because there is no way left for the germs, as living germs, to get away from their source.

As it regards details, there may be a choice of treatment in the selection of the germicides used, and faults in their practical application may be corrected by future experience. The principles of the treatment are good because the facts upon which the practice is based have been demonstrated. Any plan of treatment which has for its object the prevention of a disease communicable by germs, if based upon the principles which have been mentioned, may be considered as sound practice in the light of our present knowledge. What has been said for scarlet fever may be applied also to yellow fever, and the other germ-spreading diseases. In these diseases, the germs must exist in, and be conveyed from, the sick person, as a source, in order to give, or communicate, the same disease to another. Animals, plants, insects, communicable diseases, and other forms of life, are grown and spread by seeds and germs. It necessarily follows, and particularly in the case of communicable diseases of which we are now speaking, that if these seeds and germs, whilst they are in or about the sick person, can be killed, no further danger of spreading the disease by them can exist.

Disinfection is known as the process of destroying infecting matter, whether present in the air, or attached to substances, or as it emerges from its source. The process is accomplished by the employment of many chemical substances, the most efficacious of which are given in the report to which reference has been made. Some of these means and substances are, high and low temperatures; sulphur, arsenic, creosote, corrosive sublimate, thymol, salicylic acid, chlorides of lime and zinc, and many other substances, in considerable and constantly increasing numbers.

Again, each particular germ has its own peculiar form and habits, as well as its most destructive germicide. When these are more studied and our knowledge concerning them is increased, the paactice of prevention will be more perfect.

There is another way of preventing the spread of communicable diseases, that is, by immunity or immunization. The full meaning of these terms signifies a condition of the body which permanently opposes the development of infectious processes. But this depends upon an entirely different principle from the plan of sterilization which I have attempted to describe. Each of these methods have their advantages under the different circumstances found in actual medical practice. The examples of vaccination giving an immunity against variola, is the best known illustration of immunization. There is much earnest work now going on to add to the number of these immunities. The practice of sterilization is now fairly open to an advancing science, and a necessity will always be found for its application. It is an interesting study, an imperative duty in the practice of every physician; it is pleasant to offer and agreeable to contemplate; its details are easily put in operation and the success which waits upon its practice adds much to its charms.

26 W. Franklin Street.

MENORRHALGIA AND MENORRHSPASM.

BY G. BETTON MASSEY, M. D.
OF PHILADELPHIA, PA.

The list of pathological views that have been advanced in accounting for what is usually called dysmenorrhœa is somewhat distended, even when the term dysmenorrhœa is restricted to the uterine type of painful menstruation, excluding ovarian and imflammatory pains and true neuralgia. Those most prevalent at the present time, I believe, are, on the one hand, the mechanical theory of obstruction from stenosis or flexion, which may be called the Marion Sims theory, and the parametritis theory of Schultze. It is not sufficiently well known that this latter observer has completely upset the first or obstructive theory of painful menstruation by demonstrating that a sound may be passed,

during the crisis of a supposed example of accumulation, without encountering fluid. Such a view is also weakened by the examples of stenosis and anteflexion that occur without painful menstruation. Yet Schultze's theory of parametric inflammation as a cause, seems to me unsatisfactory. That it has failed of practical acceptance by those even who advocate it, is shown by their adherence to dilatation as a means of cure.

In that excellent picture of painful menstruation contributed by W. Gill Wiley to the "American System of Gynæcology," another pathological condition is suggested,—hyperæsthesia of the endometrium. That an hyperæsthetic condition of the cavity does exist in these cases, I think any one who has passed a sound into them will admit. The exclamations of pain when the internal os is passed are most characteristic, and, in cases where a proper gentleness has been observed, must be other than normal; but I do not think that the word hyperæsthesia is sufficiently comprehensive as a designation of this condition. Dysmenorrhœa, or difficult menstruation, is also but a partial description of the occurrence. In view of these facts I wish to present in brief to this society a new conception of the condition involved in painful menstruation as it has been suggested to me by recent clinical studies; and I also desire to propose a more useful name as a designation of the condition.

Abnormal pain at the menstrual period usually precedes the appearance of the flow, or it may follow a slight show, and be succeeded by a normal flow. As a rule, there is no flow at the moment that the pain is greatest. These facts have been the clinching arguments in the obstruction theory; but do they prove it? The absence of dilatation of the cavity above the point of apparent obstruction is significant. This, coupled with Schultze's observations, is fatal to the theory. The dependence of pain upon spasm, however, is clear, and the absence of flow, or slight flow, during the continuance of the pain only shows that the spasmodic condition of the uterus interferes with the excretory duties of the mucous membrane. Gastralgia during the continuance of nervous dyspepsia, and simple intestinal colic, are analogous conditions. If I am right in this matter, the use of the word dysmenorrhœa should be discontinued, as it forever suggests a mere mechanical condition. In its stead I propose the term *menorrhalgia* as a symptomatic designation that is etymologically in accord with associated terms, and does not tie us to a theory. If, again, it is believed that a given case of menorrhalgia is due to an inhibitory spasm, it should be called a *menorrhspasm.*

This menorrspasm is usually accompanied by a permanently hyperæsthetic condition of the endometrium, and is often indicated between periods by a spasmodic stricture of the internal os when an attempt at sounding is made. Exactly how much of this intermenstrual stenosis is spasmodic and how much fibrous remains to be proven. The existence of the fibrous variety is, of course, undoubted; but the ease with which ether relaxes many canals sufficiently to permit a dilator to be inserted indicates that they cannot be common, for of course an anæsthetic could have no effect upon fibrous tissue.

Pathological anteflexion is also frequently found associated with menorrhalgia; but since the equal degree of this form of deviation may be found without pain, there can be no *essential* relation of cause and effect. The same may be said of chronic endometritis and metritis. The frequency of menorrhalgia and its probable cause–menorrhspasm–during a chronic metritis, without any evidence of stenosis, is an additional proof of the non-mechanical nature of this condition, as the inflammation would doubtless interfere with contraction, and aggravate spasm at the same time.

In presenting these conceptions as a novelty, I do not wish to be understood as claiming the idea of spasm as connected with painful menstruation. Such a condition has been conceded all along, and is well understood by the patients themselves when they speak of "cramps." But the contractions have been supposed

to cause pain, because the flow was pent up. The spasm, as an inhibition of a normal excretion, has not been dwelt upon.

Menorrhspasm, in brief, may be said to be a neuro-myotic storm of the uterine neuro-muscular apparatus, which renders the excretion of the menstrual fluid temporarily impossible. Its remote causes may be traced to all those influences in modern life which hinder the proper development of animal life in young women.

The treatment of the disease is both general and local. Many cases get well after regulation of the bodily functions and the correction of imperfect hygiene, but many resist such measures. Of these a goodly proportion will yield to percutaneous applications of the galvanic current, poles being applied to the hypogastric and lumbar regions, and a current of from 25 to 50 ma. being turned on without shock. But often we must resort to local treatment; and of the nature of the local treatment that is most appropriate I have had some very positive experience,—an experience, in fact, which led to the conception of the pathological condition advocated in this paper. Forcible dilatation certainly cures many cases, doubtless by paralyzing the irritable fibres, as in fissure of the anus, and by stimulating nutrition; but it is not a sovereign remedy in a large proportion of cases. In my experience a more certain and less formidable remedy may be found in the intra-uterine action of one pole of a galvanic current,—usually the negative pole,—when a promotion of flow is desired with a current varying from 15 to 50 ma. *pro re nata.* A few such applications, during one or two intermenstrual periods, has cured a number of cases in my hands. A typical case was that of a young French girl of 24, who had been menorrhalgic since puberity, becoming much worse during the year preceding her application for treatment. She was badly constipated, and I at first expected to relieve her by correcting this, but her next menstrual period was as bad as ever. Examination then showed a small uterus with healthy surroundings. The sound could not be passed beyond the internal os. Twenty-five milliampères, positive, were given for two minutes with the electrode in this position. Six days later the same instrument went to the fundus, without the use of a tenaculum, and forty milliamèpres were given. This was followed by an easier flow than for several years. Two similar applications were made during the next intermenstrual period, followed by a painless flow. Since then five menstrual periods have passed, all normal and free from pain.

Among my notes of married women treated in this way for menorrhalgia, three who were apparently sterile have become pregnant and borne children.

As contrasted with forcible dilatation this method is simple, does not require an anæsthetic, and may be employed in young girls without the use of a speculum.

DETACHMENT OF THE RETINA.*

BY A. FRIEDENWALD, M. D.,

Professor of Diseases of the Eye and Ear, College of Physicians and Surgeons, Baltimore.

Detachment of the retina is one of the most formidable conditions against which the ophthalmologist has to contend. All authors speak more or less discouragingly when they approach its treatment. It is true there are a few cases met with in practice which improve either spontaneously or seem to be benefitted by such diaphoretics as salicylate of soda or jaborandi. In these the lesion is due, no doubt, to a much less serious cause than to which the great majority of cases owe their origin.

The original manner of explaining a detachment of the retina was to ascribe it to a primary effusion between it and the choroid. This idea has still some adherents. In fully developed cases the effusion is so large and the retina has

*Read before the Baltimore Medical Association, Nov. 11, 1889.

disappeared to such an extent as to have created the impression that the latter, under the pressure exerted upon it, was absorbed. This idea, however, could not be sustained from the fact that in detachment of the retina the tension is not increased, but on the contrary, greatly diminished.

Gradually, investigations have tended to establish that the effusion which plays so prominent a part in the pathology of this affection is not a primary, but a consecutive condition. It has been shown that displacement of the retina is not due to a force from behind; on the contrary, at least in most cases, to a traction in front. The starting point of the evil now is looked for in the vitreous. To the labors of Leber and Nordenson we are much indebted for the light shed upon this subject. They have fully and satisfactorily demonstrated that the retina is drawn away from the choroid by a shrinkage of the vitreous, and that the effusion behind it is but a consequence. Schœler estimates that from 80 to 90 per cent. of all cases of detached retina may be explained in this way. The rest may be charged to traumatism, to certain forms of retinitis and other causes, in which the prognosis may be regarded as favorable.

I bring this subject to the attention of this Society for the purpose of making more generally known a new method of treatment, which promises to be of an epoch-making character, and which has but recently been introduced by Prof. Schœler, of Berlin.

The treatment of datached retina heretofore has been of a very varied character, and has consisted of both internal medication and surgical procedures. Among these may be mentioned depletion, sinapisms, vesication, purgation, setons, mercurialization; the exhibition of the various preparations of iodine, salicylate of sodium, pilocarpine; confinement in dark rooms, keeping the patient on his back for a prolonged period, etc., etc. Occasionally good results would be followed by the various remedies just enumerated, but the good that was done by these agents must be limited to those cases in which the vitreous was not involved. The unsatisfactory character of these remedies generally, suggested the recourse to surgical methods at a very early date. Von Græfe punctured the detached retina in such a manner that the needle would enter its anterior surface, so that the accumulated liquid behind could escape through the opening made in the retina, and collecting in front of it, promote its reapplication to the choroid. Wecker sought to remedy the evil by applying a gold wire and affecting drainage. Galezowsky availed himself of catgut with the same purpose in view. He recommends, further, the removal of the fluid by means of an instrument similar to the hypodermic syringe. None of the surgical methods heretofore introduced have found much favor. They have not only failed to do good, but have often done much harm.

Schœler, in experiments upon the rabbit to test the effect of injections of antiseptic substances into the vitreous, with the object to inform himself whether it would be expedient to employ them in suppurative choroiditis, observed results which suggested that they might prove beneficial in detachment if the retina. In his experiments upon animals he found the tincture of iodine the only antiseptic which could be used with safety, and at the same time prove sufficiently active.

Schœler claims that by the injection of iodine in quantities from 4 to 6 drops in the manner which he describes, an adhesive retinitis can be established, which may affect an absorption of the subretinal fluid, and an attachment to the choroid, that will antagonize the traction of the shrunken vitreous. In five cases in which he employed this method of treatment, the results have been brilliant. If this new treatment shonld prove as successful in other hands, it will have to be regarded as one of the greatest triumphs of ophthalmology.

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BALTIMORE, JANUARY 11, 1890.

Editorial.

THE BILL TO REGULATE THE PRACTICE OF MEDICINE AND SURGERY IN MARYLAND.

In accordance with a notice recently published in this JOURNAL, a convention of the profession of Maryland was held in this city, on January 2nd. This convention was well attended by delegates from a large number of the counties within the State. The work which engaged the attention of the convention was the preparation of a Bill to be presented to the General Assembly of Maryland for enactment into a "Law to Regulate the Practice of Medicine and Surgery in Maryland." After due deliberation and discussion, the Bill, published elsewhere in our columns was agreed upon and a Committee on Legislation, consisting of the following named physicians: Drs. T. A. Ashby, J. Edwin Michael and G. H. Rohé, of Baltimore. Drs. Jas. Bordley, of Centreville, G. T. Atkinson, of Crisfield, Geo. Wells, of Annapolis, and J. McP. Scott, of Hagerstown, was appointed to secure its passage by the present General Assembly.

The Bill provides for a Board of Medical Examiners, independent of all college influences, which Board, it is presupposed, will have the best interests of the profession and public at heart in its work. The applicant is strictly guarded in his rights and will require no other qualification that a fundamental knowledge of his profession to receive a license to practise his profession in the State.

The Bill provides for no radical measures. It is sufficiently liberal and broad in its terms to secure a high standard of qualification upon the part of the applicant without subjecting him to a technical and unjust test. The composition of the Board resides in the hands of the profession of the State.

It is believed that physicians of recognized ability, honor and zeal can be secured as medical examiners, to act in the different sections of the State, after the manner of selection authorized by the Bill.

An earnest effort should now be made by the profession in the State to secure the passage of this Act. This can be done if the various members of the General Assembly are approached and urged to assist in the enactment of the Bill.

We suggest to the physicians in the counties who have influence with their delegates in the present Legislature, to write to or see in person such delegates

and urge their support of the Bill in its present form.

Society Reports.

BALTIMORE MEDICAL ASSOCIATION.

STATED MEETING HELD NOV. 11TH, 1889.

Dr. A. Friedenwald read a paper on

DETACHMENT OF THE RETINA,

(see page 205.)

Dr. R. H. P. Ellis reported

A CASE OF ERUPTIVE FEVER.

In June last he was called in to see H. M., colored, aged 52, cook on a revenue cutter. His health had been good till March, when, in Florida, he had an attack of Florida Fever, from the effects of which he had not recovered. When called in he was vomiting freely; in some pain; and there was an eruption which was hastily diagnosed urticaria. This was most marked in the soft parts at flextures of joints. The usual remedies were given. He vomited continually. Gave salicylate of sodium, morphia acetate of potash and other remedies, without affording relief. Fever and the intense itching both continued.

In the second week, exfoliation began and continued till it was complete. It began in flakes which were attached at or near their centre. Gave hot baths and annointed his body with an ointment of boracic acid and vaseline. Exfoliation continued for four or five weeks.

The submaxillary and other glands were enlarged. Digestion was impaired. Persistent nausea vomiting and inability to retain food was a prominent symptom. He had epistaxis. Emaciation progressed until he was a perfect skeleton. His tongue lost its epithelium and became dry and glased. He died from asthenia —pure exhaustion from inability to absorb food. Neither food nor medicine was retained, everything being tried that gave any hope of good results. Nothing gave any relief but morphia when absorbed.

He was examined carefully to ascertain if there were any traces of syphilis. There were none found. There were many scales in the scalp, and much hair was lost.

Later in the disease there was a diarrhœa, due to a gastro-enteritis. His mental faculties remained clear to the end.

Dr. A. Friedenwald desired to know if this condition of gastro-enteritis is common in such cases,

Dr. Ellis thought so.

Dr. C. N. Hill thought that the destruction of epithelium of the alimentary tract would account for the gastric symptoms and inanition.

Dr. Kemp read a paper on

INFANT FEEDING.

Dr. Jos. T. Smith said he was glad some of the children were fed on sterilized milk and did well, while others were fed on non-sterilized milk and they did well too. A radical change of diet, when called in, often does great harm. He generally uses the preparation of milk suggested by Meigs and Pepper. A change of amount is often needed.

Dr. Ellis agrees with Dr. Smith. No mistake is more common than over-feeding. When a child vomits curdled milk just reduce the amount given at a time. There is too much food and too much medicine given in cholera infantum. Especially is this true of astringents. The frequent stools are due to efforts of nature to rid the intestinal tract of irritants. Bismuth, together with something to aid digestion, giving sterilized milk, keeping the stomach warm, and using antiseptic precautions, are all the treatment necessary. He prefers bismuth and salol, from which he has had excellent results in gastro-enteritis. Astringents are contra-indicated.

Dr. J. L. Ingle said that he found it quite as difficult to get parents to carry out his directions as to the time of feeding as he did in reference to the prepa-

ration of the baby's food. He thought they suffered as much from being fed too frequently as they did from improperly selected and prepared food. He insists upon an interval of two hours between meals during the first three months of infantile life, and after that period three or four hours is often enough to feed a child,

Dr. J. T. King thinks the mode of sterilizing milk is important. He thinks all of the infant foods on the market are more or less injurious. He uses sterilized milk only. He sterilizes enough at once for twenty-four hours.

Dr. T. A. Ashby referred to a lady who at birth weighed 1½ pounds. Her mother's wedding ring was passed over her arm. She has had children of her own.

There are two points in Dr. Kemp's paper that ought to be emphasized: 1, That of over-feeding. 2, That cow's milk is the best form of substitute for mother's milk. He often uses condensed milk with good results.

Dr. E. G. Waters thinks Dr. Kemp is to be congratulated on his experience and his unusual success.

He has tried the various artificial foods, but without the success he expected, from the high eulogiums of the manufacturers. He uses arrowroot with it at times. At times he finds milk absolutely poisonous to children, change as he would. He then uses barley water and juice from under-done joints of meat, with the effect of speedily bringing back the appetite.

He thinks physicians should interest themselves in the manner in which milk is prepared at the dairy and brought into town. He believes milk is often filled in warm cans and so delivered. The manner in which Darby prepares and delivers his milk deserves the attention of physicians. He uses it with satisfaction.

Dr. Ellis thinks starchy food, given to very young infants, injurious; at least it does no good.

He has not had as uniformly good results with condensed milk as Dr. Ashby has. After the can is once opened it should be covered with paper and not with permeable rags. It should be diluted with *hot* water. Milk should not be left in glazed vessels or tins.

Dr. C. N. Hill thinks Dr. Waters mistaken in thinking milkmen milk in warm vessels. They are careful to cool milk in order to keep it. Various incidental considerations, as health of cow and character of cow's food, give character to the milk and much of the trouble from milk depends on that. Then, too, treatment of the cow often affects the milk; as racing and beating them may have a nervous influence on the cow, which may affect the milk, like the mother's sudden fright does hers. The method of transportation, too, stopping over in the cars, and that remaining as a constant menace to all milk passing thereafter, as a source of infection. Then, too, many farmers use salicylic acid, etc., to prevent fermentation.

Dr. John D. Blake gave a graphic

ACCOUNT OF A CITY DAIRY,

with its vitiated surroundings, its filth—odors penetrating everywhere. He usually asks his patients where they get tkeir milk, and unless good, suggests a change.

Dr. Waters said he spoke conjecturally of the manner of keeping milk.

Dr. Kemp did not mean it was the smallest child he had ever seen, but the child of shortest gestation he had had to live.

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BALTIMORE ACADEMY OF MEDICINE.

STATED MEETING, HELD DEC. 3, 1889.

The President, Dr. George W. Miltenberger in the chair.

Dr. J. J. Chisolm reported an instance in which a doctor wrote to him that a patient's corneæ were both opaque and he wanted to have rabbit's corneæ in-

serted. Dr. Chisolm inquired by letter whether the eyes were good behind the corneæ. The reply was that after consultation with several doctors and one eye specialist, the eyes behind the corneæ were found to be good. The patient, with the doctor, then came from Indian Territory, and presented two eyes with a scar cornea and iris fused with it, leaving no anterior chamber. Of course he had to go back again without an operation. In reply to Dr. L. E. Neale, Dr. Chisolm said he had transplanted the cornea but once, and the patient could now walk about the farm without guidance.

Dr. W. C. Van Bibber then read a paper on

COMMUNICABLE DISEASES AND THEIR PREVENTION.

(See page 200.)

In opening the

DISCUSSION

on Dr. Van Bibber's paper,

Dr. James Carey Thomas said that he hardly shared the hope of the entire disinfection of a patient suffering from so strongly an infectious disease as scarlet fever. Some things we might reasonably believe as ascertained by the discussion started by Pasteur of a "Contagium animatum." Pasteur recognized such as the cause of fermentation, suppuration, decomposition, etc., and also as the cause of contagious disease. Lister, by his introduction of antiseptic principles into surgery in 1867, began what might be called the "antiseptic era"—Lister is still at work, as his address before the Medical Society of London, Nov. 4, 1889, recommending a new dressing solution of the double cyanide of zinc and mercury, proves. Robert Koch, by his determination of the tubercle bacillus, added new and powerful impulse to the study of micro-organisms. Koch also believed that erysipelas, and suppuration, even that producing so-called laudable pus was due always to a species of coccus imported from without the body.

Many varieties of micro-organisms have been studied, and our aim is to prevent the entrance into the body of those that cause disease. It is not so difficult to exclude them from wounds, and as Lester states, there is an increasing number of surgeons who, "if they see septic inflammation* with its attendant dangers, know that it is their fault or the fault of the antiseptic appliances at their disposal."

In medicine it is of course more difficult, as these organisms are continually seeking access by means of the respiratory tract, the digestive tract and abraded surfaces anywhere. The tubercle bacillus, Koch's cholera or comma bacillus, the spiral bacillus, and the gonococcus, are the undisputed causes of tubercle, cholera, recurrent fever and gonorrhœa, others are reasonably suspected as the cause of scarlet fever, measles, etc.

Dr. Van Bibber has dwelt upon the importance of disinfecting the surface of scarlet fever patients. This can probably be equally well done by keeping the patient's skin moist by frequent anointing with a bland fat or oil, as by a medicated oil, which can hardly be made sufficiently germicidal, and yet safe for the patient. Moisture, it is well known, prevents the diffusion of bacteria in the air surrounding the patient, for which reason phthisical patients should always expectorate in closed vessels containing water. In order to prevent the spread of scarlet fever, isolation of the patient should be practised as far as possible, and all dress or substances coming in contact with the patient should be sterilized by steam or destroyed if of little value. The room should be stripped of hangings, carpets, etc., and the patient never permitted to mingle with others until after the completion of desquamation, and proper bathing and fresh clothing. The room itself, when it can be had free for the patient, should be allowed to rest quietly for twenty-four hours, to allow the bacteria to settle upon the floor and projecting parts, and then

*We should say pus.

carefully mopped up walls and floor, by one person moving carefully, possibly, with a solution of bichloride of mercury, 1 to 1000. Then the room should be thoroughly aired and left vacant for some time. The scarlet fever poison remains adherent to articles of clothing, trunks, etc., for a long time, and many instances of this are current. By the means above stated, and similar ones adapted to the peculiar disease, we may hope to prevent as far as our present knowledge goes of the spreading of the infections germs, but I do not believe an entire disinfection of the patient, and especially of the skin, is yet within our reach.

Dr. F. T. Miles thought that the bacteria theory would not hold in regard to the formation of pus, and referred to a case of abscess of the brain as an instance. Pus corpuscles come together as white blood corpuscles, by the irritation, and dying, form pus. Histologically they are alike. Scarlet fever is such a capricious disease that it is hard to say how it breaks out. Quarantine here seems hopeless, and burning sulphur utterly futile. In reply to Dr. S. T. Earle, who said that pus and white blood corpuscles were histologically different, he said that while some observers had made this statement, it was far from being accepted.

Dr. Geo. W. Miltenberger said that quarantine in a private house was impossible. How some escape an attack of scarlet fever in a house of several children and again at another time take it, it is impossible to say.

Dr. W. C. Van Bibber referred to a case which had been caused by a book used by a patient sick with scarlet fever twenty years before.

Dr. C. C. Bombaugh referred to some cholera cases which came under his notice.

Dr. A. K. Bond said that while he agreed that the human body in disease could not be rendered aseptic; he yet believed it possible to guard against the discharge of disease matter from the body or to destroy it as soon as it was discharged. In order to do this we need to learn the channels through which, in each individual disease, the disease-matter is discharged. It would be foolish, in a case of gonorrhœa, to disinfect the mouth of the patient; it is equally foolish in other diseases to apply disinfectants to parts from which the diseased matter is not discharged. The rule appears to be that the poisons of disease are eliminated through the parts which are the seat of its peculiar lesions (See *Welch*, Transactions Medical and Chirurgical Faculty of Maryland, 1887). So in scarlatina we should disinfect the throat and skin; in phthisis, the sputa, or the air-passages if we can reach them; in typhoid fever, the feces, or the intestinal tract, if we can do so without injury to the patient.

There is one fact which throws great light on the causes of the uncertainty which we observe in the contagiousness of disease. This fact is, that disease-germs do not readily separate themselves from *moist* surfaces so as to infect the atmosphere. I think this will in very many cases explain the freaks of contagion. Thus: if a child is ill with a form of disease which does not readily infect the atmosphere, a brother may sleep with him and not absorb the disease matter, while another brother in the same bed may get the disease matter directly into his mouth and fall ill. The inference of practical value which we draw in regard to the prevention of contagion is this: that if the discharges containing the disease-matter be not allowed to dry, and if the surfaces from which such matter is discharged be kept moist the spread of disease will be greatly restricted. Thus, in scarlatina we should keep the skin greased or otherwise moistened, and afterwards, when the patient's condition will permit, wash off the accumulated matter and disinfect it. If there is a harmless drug which we think will destroy the scarlatinal poison, we may apply it to the skin in the wash or ointment.

Dr. H. P. C. Wilson then showed

AN OLD PESSARY WHICH HAD BEEN EMBEDDED IN A VAGINA FOR NINE YEARS.

It was a Zwang's pessary. A woman

aged seventy, came to him, and on examination he detected a part of this pessary. He had to dissect it out. She said it had been inserted when she was sixty years old, and had been forgotten. It was in the posterior cul-de-sac. So many do not know how to put in a pessary, and they do not know how long it should be left there. A properly fitting pessary may be worn a long time without harm, and with much good.

Dr. Wilson also showed two

EXTIRPATED OVARIES

removed from a young woman. The left ovary was found in Douglas' cul-de-sac. She had had painful menstruation and other symptoms. She had become addicted to the opium habit. He took out the ovaries and she is well. In such cases this operation is justifiable, for ninety-nine out of every hundred such women would not have children anyhow.

Miscellany.

A BILL

ENTITLED "AN ACT TO REGULATE THE PRACTICE OF MEDICINE AND SURGERY IN THE STATE OF MARYLAND."

SECTION I.—Be it enacted by the General Assembly of Maryland, That every person who shall hereafter begin to practice medicine in any of its departments, except Dentistry, shall possess the qualifications required by this Act.

SECTION II.—The Governor shall appoint a Board of Examiners, to be known as the State Board of Medical Examiners, consisting of twelve members; three from the counties of the Eastern Shore, and nine from the Western Shore, of which three shall be from the counties west of the Blue Ridge mountain. The appointees shall be physicians actually engaged in the practice of medicine, of recognized professional ability and honor, nine of whom shall belong to the regular school of medicine and three to the homœopathic school. The term of office shall be four years, or until their successors are appointed and qualified. The term of office of the Board first appointed shall commence on the—— of ———, 1890. No member of any college or university having a medical department, and no physician having a pecuniary interest in the trade of pharmacy shall be appointed to serve as a member of said Board. The members of said Board shall be appointed by the Governor upon the recommendation of a Convention of the profession of the State of Maryland, assembled for that specific purpose, and the homœopathic members upon the recommendation of the Homœopathic State Medical Society.

Vacancies occurring in such Board for unexpired terms shall be filled by the Board, in accordance with the foregoing provisions of this section, and for expired terms in same manner as prescribed for first appointees.

SECTION III.—The Board of Medical Examiners shall meet within thirty days after receiving official notice of their appointment by the Governor, and proceed to organize by electing a President, Secretary and Treasurer. It shall have a seal, and the Secretary shall be empowered to administer oaths in taking testimony upon any matter pertaining to the duties of said Board. Said Board shall hold an annual meeting in the city of Baltimore on the 4th Tuesday in April, and at such other times and places as the President of the Board shall deem expedient. Eight members of the Board shall constitute a quorum. The Board shall keep an official record of all of its meetings, and an official register of all applicants for examination for a license to practice medicine and surgery in this State. Said register for license shall show the name, age and last place of residence of each candidate, the school from which he or she may have graduated, and whether such applicant was rejected or licensed under this Act.

SECTION IV.—It shall be the duty of said Board of Medical Examiners to prepare a schedule of written examinations upon anatomy, physiology, chem-

istry, surgery, practice of medicine, materia medica and therapeutics, obstetrics and gynecology, pathology, medical jurisprudence and hygiene.

The examinations in materia medica and therapeutics shall be conducted in regular medicine and in homœopathy in respect to the school the applicant is seeking to practice in. In all other respects it shall apply alike to all applicants.

All persons commencing the practice of medicine or surgery in any of its branches after the passage of this Act by the General Assembly shall apply to said Board of Medical Examiners for a license so to do, and when said applicant shall have passed an examination satisfactory as to proficiency before said Board the President thereof shall grant to such applicant a certificate to that effect.

SECTION V.—All examinations shall be conducted in such manner that the name, school of graduation, and preparatory training of said applicant shall not be made known to the Board of Examiners until his examination papers have been examined and graded in accordance with the standard and rules arranged by said Board. The examination shall be fundamental in character, and, except in therapeutics and materia medica, as provided for in section IV, such as can be answered in common by all schools of practice.

The votes of all the examiners present shall be yes or no, written with their signatures, upon the backs of the examination papers of each candidate for the respective branches. An applicant receiving three-fourths of the votes of said Board thus cast shall be considered to have passed a satisfactory examination and entitled to the license of said Board.

SECTION VI.—A fee of ten dollars shall be paid to the Treasurer of said Board by each applicant before such examination is had, which said fee shall be applied toward paying the expenses of the Board.

SECTION VII.—The Board may, by two-thirds vote, refuse to grant, or revoke a license for the following named causes, to wit: chronic and persistent inebriety, the practice of criminal abortion, or for publicly advertising special ability to treat or cure diseases, which in the opinion of said Board it is impossible to cure. All parties charged with such offenses shall be given a hearing before said Board, in person or by attorney, and can finally appeal from the decision of said Board to the Governor.

SECTION VIII.—The Board shall refuse to grant a license to any applicant who may be radically deficient in his examination in any essential branch.

Any person who has received a license from this Board or who was practising medicine in this State at the date of the passage of this act who shall attempt to practise medicine or surgery for a valuable consideration, by opening a transient office, within this State, or who shall by hand-bill or other written or printed advertisement assign such transient office or other place to persons seeking medical or surgical advice or prescription, or who shall itinerate from place to place, or from house to house and shall propose to cure any person sick or afflicted, by the means of any medicine or agency whatsoever for a valuable consideration, shall, before being allowed to practise in this manner, offer before the Circuit Court of the county or city wherein such person desires to practise, and shall present satisfactory evidence to such Clerk that the provisions of this Act have been complied with, and shall, in addition, take out a license for one year, and pay into the county, town or city treasury for the use of such county, town or city, the sum of fifty dollars therefor, whereupon it shall be the duty of such Clerk to issue to such applicant a proper certificate of license, on the payment of the fee of five dollars for his services.

SECTION IX.—Any person receiving a license from said Board shall file the same or a certified copy thereof with the Clerk of the county or corporation court in which he or she resides, and it shall be the duty of said Clerk to register the name of such person and the name of the President of the Board, signing the same in a book kept for this purpose as

a part of the records of his court. The fee for each registration shall be one dollar, to be paid by the person whose name is registered.

SECTION X.—This Act shall not apply to commissioned surgeons of the United States Army, Navy or Marine Hospital Service, to physicians or surgeons in actual consultation from other States, or to persons temporarliy practising under the supervision of an actual medical preceptor.

SECTION XI.—Any person practising or attempting to practise medicine or surgery in this State without first having obtained the license of said Board of Examiners shall be deemed guilty of a misdemeanor and shall pay a fine of not less than fifty dellars, nor more than two hundred dollars, for each offense, or in default of payment shall be confined in the county jail at the discretion of the Court, or until fines and costs are paid, and shall be debarred from receiving any compensation for services rendered as such physician or surgeon.

SECTION XII.—All Acts or parts of Acts now existing not in accordance with the provisions of this Act, are hereby repealed.

SECTION XIII.—The provisions of this Act shall not apply to any midwife or to persons who may render gratuitous services in cases of emergency.

SECTION XIV.—It is provided that said Board shall make a written report to the Governor every two years.

ZOSTER AS AN INFECTIOUS DISEASE.

During the past few years several European physicians have been ranging themselves as advocates of the infectious nature of zoster, and have pointed out what they regarded as epidemics of that disease. In 1884 Gerne drew attention to the analogy between zoster and the eruptive fevers, and declared that he regarded it as a constitutional disease. During the present year Weigert, Gauthier, Kaposi, and Unna, through his student Török, have said that the disease is contagious and occurs in epidemics. Wiegert would explain it upon the theory that it is due to an unknown organism acting from without, while Gauthier's, Kaposi's, and Unna's equally unknown organism acts from within. Gauthier's great unknown, as treated of by him in Lyon médical, has an elective affinity for the ganglia. We may, perhaps, assume that there are micro-organisms having an affinity for the pharyngeal mucous membrane in diphtheria, but to believe in a like affinity for ganglia is not so easy, It would seem that we must then believe in one set of unknown organisms having an affinity for one ganglion, and an other set for another ganglia, and so on. Now, all these speculations are interesting, and the search for micro-organisms is fascinating, no doubt. It is somewhat like fishing to the devotee of that pastime. You have the sport whether you catch anything or not. But up to the present time our old answers to the question "What causes zoster?" are satisfactory enough, and until more proof appears in support of its infectious nature, we had better not hasten to be "off with the old love" and "on with the new."—*N. Y. Med. Journal.*

A "STRIKE" AMONG MEDICAL MEN.

Medical men are generally so "easy to be entreated," and so ready to yield to any call of emergency, that the public has come to think itself entitled to their services as if they were under some compulsion to be at everybody's beck and call. But in these days of strikes this notion may have to be reconsidered. At Rodez, in France, the medical men, backed by the Medical Association, refused to make a post-mortem examination of the body of a young woman found in a field, on the ground that the fee allowed was too small. For more than a week the body remained unexamined, aud some suspected prisoners had to be released in the absence of confirmatory medical evidence. Some of the doctors have been fined for their behavior, but are appealing to the Conr de

Cassation. The question has been discussed in the French Senate, who find they have no more power over doctors than over pitmen, if they use no violence and break no law, No body of men have such good reason for combining as medical men, and none could inflict more effective vengence on those who underrate their services. But it ought to be posssble to bring the public to a better appreciation of our deserts without the arbitrament of a "strike."—*Lancet.*

PRESCRIPTION FOR TYMPANITES.

The following formula for tympanites is quoted in the *Deutsche Medicinische Wochenschrift,* November 28th, 1889 .

℞.

Naphthol Magnesium carbonate Pulverized charcoal	āā 75 grains.
Oil of peppermint . . .	10 drops.-M.

Divide into 15 powders, of which one is to be given when required.—*Med. News.*

FOWLER'S SOLUTION.

Dr. G. Kassner says that in alkaline solutions of arsenious acid in the course of time a part of the arsenious acid is oxidized to arsenic acid. In the observation of Kassner, in eight weeks four per cent, of the arsenious present had oxidized to arsenic acid. The presence of a large amount of alkali favors the change. Hence it follows, to avoid mistakes one should never keep a solution of arsenious acid for any length of time, and that the quantitative analysis of older solutions only could be determined after previous treatment with sulphurous acid.—*Deutsche med. Wochenscrift.,* Oct. 29, 1889.—*Journal of Cut. and Ven. Diseases.*

VENESECTION IN CHLOROSIS.

The practice of venesection in chlorosis would not at first sight appear likely to yield to good results, but that it is capable of acting most beneficially is vouched for by Dr. Wilhelmi, who has for some time past employed it with great success in typical cases of chlorosis (not of lead poisoning, as was by an error printed in last week's issue). About three or four ounces of blood only should be taken, the patient being in bed and being covered up with blankets and plied with hot drinks until sweating comes on. It would appear that the severer the case the more benefit may be expected from the bleeding, but that this treatment is of little use in mere hysterical or symptomatic anæmia.

THE SIGNIFICANCE OF ERYTHEMA.

Erythema multiforme is more and more growing in importance as a symptom or precursor of not a few grave diseases. It does not do for us now to regard an attack of it as simply due to indigestion. It has been shown that the occurrence of erythema may mark the beginning of typhoid fever, may occur as one of the symptoms of acute or chronic malarial disease, may be a manifestion of a rheumatic or lithæmic state, or may even, as it were, be an abortive manisfestation of any of these diseases. Our attention is again drawn to the fact by Dr. Moncorvo, of Rio de Janerio, who, in a recent number of the *Revue Mensuelle des maladies de l'enfance* reports two cases of erythema nodosum occurring in the course of acute malarial disease and yielding promptly to quinine.—*N. Y. Med. Journal.*

THE CONDITIONS WHICH COMPLICATE HYPERTROPHY OF THE TONSILS.

Hypertrophy of the tonsils may be congenital or acquired. It is directly associated with a scrofulous condition. The lesions of this condition are not limited to the tonsils : the bucco-pharyngeal cavity, nose, ears, larynx. trachea, and bronchi are successively involved- There is marked change in the voice, the movements of the pillars of the pharynx are limited, and the muscles which preside over these movements finally atrophy

Hypertrophy of the tonsils also predisposes to parenchymatous, follicular, and phlegmonous amygdalitis, to infectious lacunar angina, and even to diphtheria. Frequent concominants are also catarrh of the pharynx, granular pharyngitis, and various reflex neuroses. Hypertrophy of the tonsils also entails atrophic rhinitis, dry pharyngitis, and the development of adenoid vegetations in the naso-pharyngeal cavity. It would therefore appear that hypertrophied tonsils should be treated as early as possible, and not later than the fourth or fifth year, The proper treatment is removal, and to prevent the possibility of hemorrhage the extirpation should be accomplished with the galvano-cautery.—*Arch of Pediatrics.*

BACILLI IN LANDRY'S PARALYSIS.

A study of interest has recently been made in the Pathological Institute at Bologna by Dr. E. Centanni (*Riforma medica,* 1889, No. 161 ; *Central blatt für klinische Medicin,* Nov. 30, 1889) upon the infectious nature of Landry's disease. He had the opportunity of making an anatomical examination of a typical case of acute ascending paralysis, and found the lesion to be an acute interstitial neuritis with some tendency to affect the spinal cord indirectly. Furthermore, a bacillus of peculiar character and in typical localization was observed in large numbers in all the peripheral nerves, when subjected to staining with methylene-blue borax, according to Sahli's method. The germ is cylindrical, rod-shaped ; with round ends, about 1·2 micromillimètres in length. without spores, and showing no tendency to any particular form of aggregation. It is found almost exclusively in the endoneural lymph-spaces surrounding the sheath sf Schwann, and not elsewhere in the nerves or muscular-system.—*N. Y. Med. Journal,*

MICRO-ORGANISMS IN WATER.

There is a difference of opinion amongst many chemists as to whether the presence of a large quantity of bacteria or a considerable amount of organic matter in drinking water justifies as such its condemnation. Waters containing few bacteria and little organic matter have been known to produce distinctly injurious results, while some waters containing much of both appear to be comparatively harmless in their action. Of course, very much depends upon the source of the water and the nature of its surroundings. The fact, however, that organisms believed to be agents in bringing about certain diseases exist in water for a long time, during which their activity is preserved, makes their absence distinctly desirable. Certain operations in nature would seem to indicate this. Investigations have shown that more bacteria are usually present in rivers than in lakes, in spite of the fact that lakes themselves in many cases are more or less polluted by rivers passing through populous towns. In a very interesting paper in the *Zeitschrift für Hygiene,* 1889, 86, B. Krüger considers that this rapid decrease in the number of organisms may very possibly be due in part to the action of direct sunlight, but in the main to the tendency of water in a comparatively undisturbed state to deposit and precipitate. He therefore carried out a number of experiments with a view to determine how far the removal of organisms was brought about by the mere mechanical deposition of inert matter and also by precipitation as as a result of chemical action. The mechanical precipitants employed, all in a state of fine powder and sterilised, were alumina, brickdust, clay, chalk, sand, coke, and charcoal. Water obtained from an ordinary service pipe was impregnated with a liquid containing bacillus growth of a species incident to tap water. This was divided into two portions—one for precipitation with the inert substance and the other untreated for the sake of comparison. Experiments were similarly carried out in which precipitation was obtained as the result of chemical action such as is brought about by the addition to the water containing naturally lime, magnesia, &c., substances like wood ash, sulphate of alumina, and slaked lime. The general conclusion come to by the author from the results obtained is that un-

doubtedly large numbers of bacteria are carried down by inert substances merely sinking in water, but that the action is very considerably increased when, in addition to mechanical deposition, a chemical precipitation also takes place. The corollary is evident—inert substances do mechanically assist in the precipitation of micro-organisms, but preference should be given to chemical treatment. —*Lancet.*

THE INVASION OF THE "MASSEUR."

We must beg our readers to keep a close eye on the *masseur*. He is bearing down upon unhinged humanity with a steady and elentless stride. He develops in the midst of us; he sails over from Germany and England to us, while, if there are any graduates of Heilgymnastik still left in Denmark, Sweden, or Norway, we should like to know it; for it has appeared to us, after some busy morning, that they have all called. Truly, the *masseur* is among us. He is a man of great resources. As his fraternity increases, he does not lose heart, or complain of competition, or seek protection from the State—he simply enlarges his field. In olden times the rubbing of a stiff knee with officinal linimentum saponis was the centre and circumference of massage; soon, however, we learned how soothing was the emollient and theobromated hand upon the hyperæsthetic skin and and diseased muscle. The *masseur* became firmly established as the resourceful prop of hysteria and unfailing staff of morbid locomotion. But then the sinewy and insidious hand began to gather adventitious aids, and seek new worlds to conquer. Having organized its movements into acompany of Goilic pol) syllables, so that its manœuvres of *tapotiment* and *pétrissage* and *effleurage* should not be mistaken for plain every-day slap-slap, jab-jab and thump-thump, it proceeded to attack all the several diseases and organs of the body. Adipose tissue in excess was made to disappear, while glandular tissue, if mammary, was rubbed to make it grow. Massage has now applied itself to diseases of the eye, and granular lids are, *quoad* the granulations, artistically rubbed off; it has invaded the mouth and throat, reducing hypertrophied tonsils, opening the Eustachian tubes, and curing catarrh and deafness. The abdominal viscera were the early and easy subjects for this now illustrious science. The colon's lax vermicular waves are tempestuously hastened, and the modest stream from the smaller bowel has scarcely babbled through the ileo-cæcal valve before it is rushed madly into the rectum. The pelvic organs have of late received the devoirs of this new art; and the uterus has been rubbed and stroked and pommeled, all in pure French terminology, until this martyr-viscus could not help but free itself from adhesions and congestions, and pillow itself gently on its orignal vesical cushion. Lastly, we learn that the heart is to have massage. The heart has been, we are told by poets, torn and bruised, and bled and broken; but it remains for modern science to see that it shall have *effleurage* and lomi-lomi. There are still a few things left for the *masseur*. Can he not apply *tapotiment* to the brain, or, at least, to the cerebellum? Has he done justice to the kidneys? Might not the ovary receive a course of artistic jabbing before it is removed or bottled? When all fields are conquered, and every viscus springs responsive into blooming juvenescence beneath his learned touch, we recommend the *masseur* to Christian science.—*Medical Record.*

THE PROGRESS OF THE INFLUENZA EPIDEMIC.

Accounts daily received from the Continen show a rapid extension of the area involved in the prevailing epidemic. Indeed, it has truly become pandemic, but it is not absolutely certain that the prevalence of influenza reported from Boston and New York is due to the same source as that which has traversed the whole of Europe within the space of two months. The march of the disease has been almost steadily from east to west, and yet it has shown a certain capriciousness in visiting certain cities in the west (e. g, Paris), before appearing in some that are situated further east.

Having almost died out in St. Petersburg, it is still very prevalent at Vienna, where it shows no signs of abatement. In Berlin also it has continued to prevail, and has appeared in all parts of Germany, from Hanover in the north to Saxony in the south. The garrisons in many important centres have been especially attacked, whilst in Frankfort it was reported last Monday that there "is scarcely a house here free from it." It has appeared in Belgium at Brussels and Antwerp, and in Holland at the Hague. It has invaded Italy, cases being noted at Verona, whilst in Spain and Portugal, Barcelona, Madrid and Lisbon have become centres of the epidemic. From Paris, the disease which appeared at the close of November, and which rapidly spread through many large institutions, schools, and places of business, there come reports of some severe cases, and some deaths (from pneumonia), have been attributed to it. President Carnot has had a bad attack. But from most centres the accounts agree generally as to the comparative mildness of the attacks.

Our Berlin correspondent writes:—"The influenza epidemic has gained much ground during the last week or ten days. Professor Senator declares that it has also assumed a somewhat severer character. In one case the symptoms were so alarming that one might have taken it for a severe case of typhus. The symptoms were deep stupor, pains in the limbs, general morbid irritability, pain in the eyeballs when pressed, and in the frontal sinus (according to Senator one of the most constant symptoms of influenza), diffuse bronchial catarrh, indicated by whistling and humming sounds in the chest, and a temperature of more than 40° centigrade. It was easy, however, to distinguish the case from one of abdominal typhus, for there were no typhus spots on the abdomen and no swelling of the spleen. Senator regards antipyrin as the best remedy, though one not to be used without caution, as it easily produces weakness of the heart. It is a striking peculiarity of this epidemic that it attacks especially people who are much out of doors. None of the patients, for instance, who were in the great Charité Hospital before the epidemic broke out have been attacked, which is the exact contrary of what happens in other epidemics. Bacteriologists are searching diligently for the influenza microbe. Itt is stated on good authority that about ten per cent. of the population of Berlin have been attacked, but that no deaths have occurred, and that the complications (pneumonia, &c.), are not more frequent than in previous epidemics. Professor August Hirsch, a very distinguished authority on the history of diseases, finds the grst recorded influenza epidemic in the year 1173, when it raged in Italy, Germany and France. In the fourteenth century four such epidemics are on record, in the fifteenth also four, in the sixteenth and seventeenth seven each, in the eighteeenth eighteen, and in the nineteenth fifty-four. This unenviable distinction of our century, however, is probably due solely to the superior recording apparatus at its disposal. —*Lancet*.

THE INELUENZA OF 1847.

SIRS;—I observe that influenza is is spoken of as an epidemic catarrh, and description of it refer especially to running of the nose and eyes, against which treatment is directed, with the hope of arresting the disease at its onset. Remembering well the epidemic of 1847, I should say that catarrh was by no means a constant symptom, very many persons presenting merely the condition, in a very severe degree, of what is called a feverish cold; and in cases which were fatal by inflammation of the chest-organs there was no initiatory catarrh, Referring to my notes, I find that the first cases which I saw were in November, 1847, in the house of a friend, where a litle girl took to her bed with the usual symptoms of pyrexia; hot skin, furred, tongue, great prostration, sore-throat, &c. Then all the other children were similarly affected; afterwards the servants, and then the master of the house, who died of acute pleurisy. These cases

I thought were gastric fever, bnt I soon altered my opinion in favor of some specific fever, when I found the disease spreading; for other cases soon occurred in the neighborhood, and in a fort-night afterwards the whole metropolis was involved. The fatal cases were by bronchitis, pneumonia, pleurisy, and pericarditis. The occurrence of the latter was very remarkable, as there was apparently no rheumatic state to account for is.
lost a friend from pleurisy and pericarditis; and a very promising student who had just been examined at the London University died of the same complication. Others of the kind I saw at the hospital, amongst them being the sister of the ward, who,although ailing, had been at her duties in the morning, when suddenly being seized with a pain at her side denoting an acute pleurisy, she died at night. In none of these cases was there any catarrh. Although the increase of mortality at this time was very great, the percentage of deaths in those attacked was small. It was said that in the epidemic of 1837 half London was attacked, and as regards 1847 I have a note saying it wasconjectured that at least three-fonrths of the population were affected. The whole of the medical staff at Guy's were in turns attacked, although their illness lasted only a few days, and I remember that on one occasion not a single member came to the hospital to go round the wards or to lecture, so universal was the epidemic. I think it was in 1840 that Henle published his papers suggesting that contagious diseases were due to parasitic life.

I am, Sirs,

your obedient servant,

—*Lancet.* SAMUEL WILKS.

A CLINICAL NOTE ON CHLOROFORM WATER.

Harvey B. Bashore, M, D., of West Fairview, Pa., writes to the *Medical Record*, and says. Chloroform water has lately proved to be of much value to me in the treatment of false croup, and is in this affection superior, I think, to chloral in that it is not so dangerous and is eliminated in part by the lungs; of course, its action is purely local and its value, too, probably due to the sedative effect upon the sensitive filaments of the superior laryngeal nerve.

I use a solution consisting of five to ten minims of chloroform to an ounce of water, to which is added a little glycerine to aid the solubility of the chloroform. A teaspoonful of this is given every half-hour during an attack, and if there is any dyspnœa the following day, a teaspoonful is given every two hours. increased in frequency to every hour during the evening.

This method of treatment—which is especially applicable to those cases in which the dyspnœa and cough continue during the day—I have used very successfully.

Medical Items.

Dr. F. C. Mathieu a prominent physician of this city died this week.

Typhus fever is said to have made its appearance in New York.

The Post-Graduate Lectures have begun at the John's Hopkins Hospital.

Physicians are all very busy in the city at present.

Sir William Stokes has been appointed Examiner in Surgery in the University of Oxford.

The German State Examining Board recently held its annual examinations. Among the 683 applicants, 504 were passed.

By the will of the late Mr. Henry D. Harvey, the Union Protestant Infirmary gets one thousand dollars.

The name of Hôpital du Midi has been changed to the Hôpital Ricord, in honor of the great man whose twenty-nine years of service gave the hospital its celebrity.

An offer of an Extraordinary Professorship at Greifswald, has been sent to Dr. Hoffa of Würzburg.

Dr. Charles B. Goldsborough. assistant Surgeon U. S. Marine service, a native of Maryland and a graduate of the University of Pennsylvania in 1872, died last Sunday.

The *Sanitary News* warns persons who bite off the ends of silk thread, of the danger of lead poisoning, as the silk is soaked in acetate of lead to increase the weight.

We regret to hear that Professor Botkin, physician to the Czar, and one of the leading medical men in Russia, has just died at Mentone, at the age of fifty-eight years.

A graduate of the Jefferson Medical College was recently refused a license to practise in Minnesota because his studies had not covered "three courses of at least six months each," as required by the laws of that State.

Dr. Duncan, physician of the steamer Colon, who while suffering with remittent fever last June, was bundled off to Swinburne Island by the Brooklyn authorities as a yellow fever patient, has sued that city for $60,000 damages.

Dr. Heyman, Professor of Hygiene in the Carolina Institute, Stockholm, and Editor of the Swedish medical Journal *Hygiea*, died suddenly during a lecture he was giving in Stockholm, from cardiac disease.

The Medical Reunion Club held their annual banpuet last Tuesday night. Speeches were made by Drs. J. Edwin Michael; Wm. J. Jones, Christopher Johnston, Jr., Charles W. Mitchell and others. About twenty physicians were present.

The brain of the insane homicide and suicide Daley was found to weigh fifty-nine and one-quarter ounces, and to show no gross pathological lesions. This is just the weight of murderer Ruloff's brain; an ounce heavier than Jim Fisk's, and six ounces heavier than Daniel Webster's.

An appeal has been made for the establishment of an Italian hospital in N. Y. city. It is difficult to understand what necessity there can be for such an institution, in view of the fact that in none of the well-established hospitals of this city are Italians denied admission or treatment.

The Professorship of Pathological Anatomy, at Brussels, vacant by the death of Professor Wehenkel, has been given to Professor Stiénon, who has hitherto taught the pharmacology. This subject will now be intrusted to M. Jacques, *professeur agrégé*.

The Medical Faculty of Halle has selected Dr. Küster of Berlin to be recommended as successor to the late Professor Volkmann in the chair of Surgery. Dr. F. Kraus, assistant surgeon in the surgical clinic, has been promoted to the rank of Extraordinary Professor.

Some of the teachers of practical anatomy n Philadelphia report a stringency in the supply of "material," which they ascribe to the high license laws under which it is not so easy for bummers or tramps to drink themselves to death. Hence the number of those found dead in the inclement season diminishes, and the medical schools suffer.

At the last meeting of the Medical Society of the Woman's Medical College of Baltimore, held at the college building, cor. Druid Hill Ave. and Hoffman Street, Friday, January 10th, 1890, the following read papers: Drs. Mary E. Cruise, Amanda T. Norris, J. Williams Lord, and Fannie E. Hoopes, D. D. S.

The "Vita Nuova" of Mrs. Harriet Hubbard Ayer, is said by the *Druggists Cirulcar* to be a preparation of cocaine, as dangerous as it is pleasant to the taste. The same journal criticises the prominent men and women who have publicly endorsed this much advertised nostrum, when probably, at the most, they have not used more than a single bottle of the stuff.

The authorities at Cornell University have in consideration the ways and means for the establishment of a department of medicine. They wish to found a school of the highest requirements and with an endowment proportionally large. They have gone so far as to select a name for it, as follows: "The College of Medicine of the Cornell University," and they would by preference have its location away from Ithaca either at New York City or Brooklin. If a handsome endowment can be secured, the rest will follow readily.

Original Articles.

THE TREATMENT OF ECZEMA.*

BY H. E. KNIPP, M. D.,

Chief of Dermatological Clinic, University of Maryland Dispensary, Baltimore.

Eczema is an acute or chronic inflammation of the skin, accompanied by intense itching, and manifesting itself in erythematous, vesicular, papular and pustular forms, characterized in many cases by the exudation of a colorless or yellowish sticky fluid, which dries into brown or amber colored crusts and stiffens linen. According to Duhring there are four divisions, namely: Eczema rubrum, eczema squamosum, eczema fissum and eczema sclerosum.

This disease occurs in some one or more of its forms in about 33 per cent. of all cases of skin diseases. It is not dangerous to life, but is very annoying to those afflicted.

It has been said that whenever a great number of remedies are reported to cure a disease, the disease is either incurable or is one that will get well without treatment. An example of this we have in eczema. There are at least forty different drugs, beside combinations, recommended by medical men as curative of this affection.

Eczema is classed as a curable disease, although sometimes it seems to resist all efforts to cure it. When eczema is cured no bad effects are produced upon the general health.

The treatment is both constitutional and local. The general condition of the patient, the duration of the attack, the stage and location, are to be taken into consideration before treatment is instituted. In acute cases, local treatment generally is all that is needed, but in chronic cases both general and local treatment will be needed in the majority of cases. Constitutional treatment is only needed in acute cases, where the patient is anæmic and needs iron, or where the attack is caused by intestinal derangement, when a saline aperient will be of benefit. In scrofulous cases, and when the eruption is more purulent in character, the iodide of iron, especially with cod liver oil, is very useful. Arsenic is sometimes very efficacious, especially in the squamous and indurated varieties; it is by some authorities considered a specific in the treatment of this disease, but this estimate will be found too high; it should never be used in the acute stages of the disease. Some dermatologists advise the administration of small doses and then gradually increase; others commence with large doses, 3 to 5 drops of Fowler's solution, and increase until the full physiological effects are produced.

All derangements of the alimentary canal and secretions should receive prompt attention and treatment; the diet should be nutritious and simple. Exercise in the open air is beneficial, except when the exercise causes the inflamed surfaces to be irritated in any way. The various alkaline, saline and sulphur mineral waters are sometimes beneficial. Notwithstanding the faithfulness with which constitutional treatment is followed, it is almost certain the disease will resist all efforts unless local measures are adopted.

Local treatment may be divided into three classes, namely: protective, astringent and stimulating.

In the early acute stages, the protective treatment will generally be sufficient to cure. After the disease has made a little progress, then probably it will be necessary to add to the protective a mild astringent to assist nature in her cure. When the disease becomes chronic, the skin indurated, the eruption dull red, showing a sluggish circulation, then it will be necessary to stimulate cautiously so as to excite a substitutive inflammation and hasten the absorption of the indurated tissues.

Acute cases of erythematous or vesicular eczema require the protective treatment. The part affected should be kept dry and clean; when it is necessary to wash for purposes of cleanliness, the water should be rendered as bland as possible by the use of bran, or if the water is hard, by boiling; soaps, as a

*Read before the Clinical Society of Maryland, Nov. 15, 1889.

general rule, are not to be used, a little borax or bicarbonate of soda added to the water. will be all that is necessary, generally ; if the patient must use soap, pure Castile soap or Pear's glycerine soap may be recommended.

It should always be borne in mind that water frequently aggravates the disease, hence all precautions should be taken to keep the skin as dry and clean as possible with the least amount of water. Some of the protectives are powdered starch, lycopodium, ungt. aq. rosæ, unguentum, cosmoline, vaseline, cod liver oil, olive oil, collodion, etc.

When these means have failed, it will be necessary to resort to mild astringents as well as protectives, such as powdered oxide of zinc, tannic acid or sub-nitrate of bismuth, added to the protective powder or ointment ; or the use of Hebra's diachylon ointment, or borax dissolved in glycerine, Goulard's lotion and water, lime water, lime water and olive oil mixed, etc. To allay the intense itching, powdered camphor may be added to the powders, or spirits of camphor, aqua colognæ, or weak solutions of acetic acid may be used with advantage.

The vast majority of cases will yield to this treatment, but there are some cases that will not yield, but persist and grow worse ; then we have to resort to other and more stimulating methods of treatment. When using the stimulating treatment, care must be taken that the stimulation does not cause more harm than good.

The following prescription is a mild stimulant ; at the same time it allays the itching and acts as a protective to the parts diseased ; it is extensively used in the Skin Department of the University of Maryland Dispensary with very good results :

℞.—Zinci Oxid. (Hubbock's) . . ℥ ss.
Acid Carbolic. (Calvert's, No. I) ℥ i.
Glycerine . . . ℥ i.
Aq. Rosæ, q. s. ad. . . ℥ viii.
M. ft. Lotio.

Sig.—Apply locally, as often as necessary.

Equal parts of oxide of zinc and white precipitate ointments mixed make a excellent stimulant and astringent ; its use has been attended with great success, especially in the varieties affecting the hands. Yellow oxide of mercury in ointment is regarded by some as a specific ; it is slightly more stimulating than the same amount of white precipitate ; tar is also very efficacious in certain forms, especially about the head.

There are yet other cases that will require even greater stimulation than this ; then it will be necessary to resort to sapo viridis, the strong mercurial ointments and caustics, as liquor potassæ, solution of nitrate of silver, etc.

When selecting the kind of treatment it must be borne in mind that aqueous solutions frequently irritate the disease, that fats cannot be borne by some integuments, and that when rancid they should not be applied to any skin, whether healthy or diseased. Vaseline has in some cases produced an intense eczema, so although it does not become rancid, and makes an excellent base for ointments, yet it is to be used cautiously. Lanoline makes a very good base for ointments, but it has a disagreeable odor and is expensive. Glycerite of starch is another good base, and can be used where fatty preparations are not desirable.

Before active remedial treatment can be undertaken, all scabs and crusts must be removed, by thoroughly soaking the parts with some bland oil, as olive or cod liver oil, and then washing with a strong solution of borax or bicarbonate of soda. Although the general plan of treatment of eczema, wherever situated, is the same, yet it has to be modified more or less, according to situation, whether on head, body, extremities, or is universal.

When treating eczema of the head, all scabs and crusts must be removed, and as far as possible, all causes of irritation. The scabs are removed by soaking them in sweet oil over night and in the morning washing with a strong solution of borax or bicarbonate of soda ; if there are any pediculi present, it is better to use crude petroleum in place of the

sweet oil, or if desirable, to use a more elegant preparation, mercurial ointment may be rubbed up with some bland oil and perfumed. After the scabs are removed, the seat of the inflammation is to be treated with a preparation of tar as the ordinary tar ointment, or where there is an objection to the tar, more elegant and agreeable preparations may be used, as boro-glyceride, balsam of fur mixed with some oil or ointment, etc.

Vaseline and cosmoline should not be rubbed into hairy parts, as they are not easily saponified, and hence are removed with difficulty. Sometimes eczema of the head can be cured without cutting the hair, but generally it is better to cut off the hair close to the scalp; in children it should be done invariably.

Eczema of the beard is a very intractable disease, especially when it has lasted a long time. The acute cases are to be treated on general principles, and as nearly all cases have become chronic before the physician is seen, it will only be necessary to speak of the treatment of the chronic form.

The beard should be shaved off at least two or three times a week, notwithstanding the fact that patients will seriously object to such a plan of treatment. At first the ordinary zinc ointment is to be used, but when the skin is much indurated it will be found necessary to resort to other more stimulating treatment,such as white precipitate ointment mixed in equal proportions with zinc ointment, red precipitate ointment, yellow oxide of mercury ointment, green soap, and so on.

Where the margins of the lids are affected, the yellow oxide of mercury, 2 grains to vaseline 3 i, rubbed in vigorously twice every day, is very efficacious, especially when iron and cod liver oil are given internally.

Eczema of the ears is also successfully treated by the yellow oxide of mercury ointment, but where it is acute the application of milder ointments and powders is more efficacious.

For eczema of the lips, stiff ointments, those containing paraffine or white wax, are to be used. Glycerine and water makes a nice application, as well as collodion painted over the lips.

Eczema of the body is to be treated by the general rules laid down; if the clothing rubs, a layer of absorbent cotton placed next the skin will prevent irritation, or the part may be painted over with collodion. The itching may be relieved by dusting over with a powder containing powdered camphor, or bathing with cologne water, spirits of camphor, weak solutions of acetic acid and water, or carbolic acid and water, saline solutions, alkaline solutions, etc. Great relief is sometimes afforded by the application of the zinc and carbolic acid wash.

Scrotal eczema is one of the most disagreeable forms of the disease. It should be treated by first keeping the parts dry and subject to as little irritation as possible by the use of absorbent cotton and suspensory bandage. Mild agents are to be used as applications, because the skin in that location is tender and thin.

Where the hands are affected, great perseverance is needed. Keep the hands out of water, commence with soothing ointments and then gradually use more stimulating applications. White precipitate ointment is very efficacious when used in this region, especially when there is much induration and the disease is of long standing.

Varicose veins of the legs will frequently cause eczema. The varicosity must be corrected by the use of elastic stockings or bandaging with muslin cut bias, or Martin's solid rubber bandage, at the same time the other remedies are to be persistently tried.

Callosities, that form in the feet and hands during eczema, are to be removed by the application of salicylic acid ointment, for three or four days; and afterwards soak the feet or hands in warm water, and the hard skin will peel off.

Universal eczema is to be treated by the general rule, and it is in this disease that arsenic is of great service. It should be given in small doses and then gradually increased until the physiological effects are produced.

523 Scott Street.

A CASE OF SUPRA-VAGINAL HYSTERECTOMY.

BY JOHN S. MILLER, M. D.,
OF PHILADELPHIA, PA.

In presenting the following case of supra-vaginal hysterectomy, I do not profess to tell much that is new or strange, but only desire to place it on record for statistical purpose. Statistics are valueless if failures are not reported as well as successes.

Mrs. E. B., æt. 56 years, American. Menstruation began at the age of 14, and had one child at 26. No miscarriages. Her health was always fair; from the beginning her catamenial periods were marked by an excessive flow. At the age of 23 she had a severe attack of diarrhœa, which apparently awakened a continuous metrorrhagia of such gravity that for six months she was confined to bed. At that time, it is said, her condition was more serious than when the hysterectomy was indicated a few weeks ago. Three and one-half years ago the bleeding stopped for about four months, and the patient was happy that her menopause had at last put a check on this heavy drain and pain. After some exposure and overwork the uterine hæmorrhages again appeared with increased vigor; the pain was also greater, and in a short time she became greatly reduced. During all these years she had been treated homœopathically, and she was told that if the blood were stopped she would perish.

For the past three years the bleeding was constant, varying in degree from day to day. I saw her for the first time about three weeks ago, and found her comparatively fairly nourished, considering the history of her case. She was very anæmic, and her suffering excessive. The uterus was found to be about the size of a fœtal head, and fibroma of the uterus was diagnosed. Ergot and tampons were used with some effect to control hæmorrhage during the week in which she was prepared for the operation.

As a proper preliminary precaution the condition of the heart, lungs and kidneys were interrogated and found apparently normal. After the usual preparation for an abdominal section, ether was used as the anæsthetic. A three inch incision was made, which was afterwards enlarged sufficienlly to deliver the tumor. The growth was about the size of a fœtal head, globular in form, with a number of cysts, the largest of which was of about the size of a hen's egg; this cyst ruptured during the efforts at delivery of the tumor. Tait's corkscrew was introduced into the most solid portion, but it did not take hold in the friable tissue. There were no adhesions to the surrounding structures, and with some slight difficulty the tumor was delivered through the abdominal incision. The neck of the uterus was transfixed, and a Koeberle's *serre noeud* charged with a so-called Delta metal wire was applied, which twice broke. A German-silver wire was next substituted, which also gave way. Fortunately, I had provided myself with some thick rubber cord which I wound (on a stretch), tightly three or four times below the transfixion needles, and the tumor was cut away. The stump was about two and one-half inches in diameter, but was shaved down to about an inch. The peritonæum was stitched over the stump. The parietal peritonæum was carefully stitched to the neck of the pedicle and thus it was excluded from the abdominal cavity. A glass drainage-tube was used, and the blood and serum was frequently removed with a uterine syringe. Only three and one-half ounces of ether was used, and there were no complications to deal with to interfere with the prompt dispatch of the work, except the aggravating breaking of the wires. Although the patient was very much depressed during the operation, she rallied well soon thereafter. For twenty-four hours she suffered severely from retching, which was uncontrollable during this time. The patient now seemed quite hopeful, and her condition was no worse than what I had frequently observed before in simple oophoro-salpingotomies. Her temperature never went above 99°. On the morning of the fifth day a decided change for the worse came

over her, and no assignable cause was discoverable. She refused to take nourishment and stimulants; these were introduced through other channels, without, however, any appreciable effect. There was no evidence of hæmorrhage, no strangulation. Tympany was slight. The excreta had been normal since the operation, and I was totally at a loss to understand the cause of the sudden collapse. Despite careful and active stimulation the heart became very feeble, and unconsciousness supervened, followed later in the day by *exit lethalis*.

Autopsy twenty-four hours later disclosed the wound and dressings in a perfectly aseptic condition. The wound was quite firmly united, but could be separated by tearing with the fingers. The stump was dry and mummified in appearance. The peritonæum was normal, and only reddened at the line of union with the abdominal wound. The pelvis contained about two ounces of an odorless, serum-like fluid, such as we frequently find in post-mortem examinations.

A thorough examination was not permitted, and the parts could be only examined through the reopened wound.

To Dr. Morris Booth Miller, resident physician of St. Joseph's Hospital, I am indebted for the following notes on the microscopical examination of the tumor. "The growth is a leiomyoma. Its principal characteristics are as follows: in size it is about as large as two fists, smooth, slightly lobulated, firm, shining on section, and is pale grey, with concentric lines when cut. Microscopically it presents the characteristic appearance of one of these tumors in its smooth, long, nonstriated muscular fibres, with a varying amount of intercellular connective tissue. Towards the interior and close to the cornua of the uterus the texture of the tumor is less firm; in fact, almost becomes cavernous in its softening, with the softened spaces filled with a mucoid degeneration. No cells of a sarcomatous nature could be found, though the fact that this growth affected principally the fundus, in contradistinction to the cervix, which is usually attacked by sarcoma, would almost of itself exclude the cancer idea.

"A word as to leiomyomata: the usual seat of these growths is the uterus, though the testicle, prostate, etc., may also sometimes be affected. In fact, the enlarged prostate of old men is always a leiomyoma of very slow growth. The fibres are long and smooth and have a long nucleus. On cross-section the fibres are nearly circular. They may be closely bound together or may be separated, and may be of such a disordered appearance as to suggest malignancy. The size of these tumors varies from that of a fist to that of a pregnant uterus. They are usually encapsulated and, as a rule, grow slowly; though often after they have gained some size, they suddenly take up a rapid growth.

"They usually occur late in life, and seem to occur with remarkable frequency in negresses. They are perfectly benign, but they endanger life through their excessive hemorrhagic tendency.

"As to the diagnosis of these tumors anatomically, it is well-nigh impossible to identify them by any other means than the microscope, under which they present their characteristic appearance; and by the absence of any tumor resembling them, the diagnosis is made easy."

Society Reports.

CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD NOV. 15TH, 1889.

The 233d meeting of the Clinical Society of Maryland was called to order by the President, Dr. R. B. Morison, in the chair. Drs. W. H. Baltzell, J. R. Trimble, John D. Blake and E. M. Hartwell were elected members of the Society.

Dr. F. J. Brockway read an exceedingly elaborate and interesting paper on

THE SURGICAL DISEASES OF THE PANCREAS.

Dr. Wm. Osler said that in reference to this subject he was surprised that Dr.

Brockway did not refer to hæmorrhagic pancreatitis, the symptoms of which are those of obstruction. Dr. Fitz, of Boston, had diagnosticated a case of this trouble, and since then several of them had been seen. In Dr. Fitz's case the diagnosis was revealed by autopsy.

This affection is not very common. To Dr. Fitz, from a medical standpoint, and Dr. Senn, from a surgical, we are indebted for the first work done in this interesting field.

Dr. F. A. Brockway said that he did have reference in his paper to hæmorrhagic pancreatitis. He referred to cases of cancer of the pancreas and also to primary tuberculosis of the same organ; this latter affection he was inclined to doubt.

Dr. H. Toulman showed a specimen of tuberculous ulcer of the intestine, which had perforated. He related the case in detail and gave a report of the autopsy.

Dr. I. E. Atkinson asked whether the peritonitis referred to was recent and a result of the perforation, or was it due to tuberculosis?

Dr. H. Toulman replied that it was due to the perforation and not to tubercles.

Dr. I. E. Atkinson said that he would like to say a word in reference to a form of peritonitis which is distinctly tuberculous and is largely found in colored persons. In these cases there is present very little elevation of temperature, and they are usually cases of long standing. He here related the case of a young colored woman who suffered with symptoms pointing to an ovarian tumor. She was operated on, and tubercular peritonitis was found. He also mentioned another case illustrating this point. He mentioned these cases because of the obscurity of the symptoms in Dr. Toulman's case.

Dr. William Osler said the remarks of Dr. Atkinson were to the point. This condition is one that should be more widely recognized. Dr. W. T. Howard, of this city, was the first to call attention to this important subject several years ago in his annual address as President of the American Gynæcological Society. Mr. Lawson Tait made a similar mistake, as that referred to by Dr. Atkinson in 1883. Three cases of this interesting trouble had recently been seen at the Johns Hopkins Hospital, one of which Dr. Atkinson had seen; another was under the charge of Dr. Kelly. Mr. Tait called attention to the excellent results to be obtained from an exploratory incision. The case here referred to this evening is not uncommon. Many times a series of perforations will occur, and often a patient will defecate into his peritoneal cavity from a perforation at the cæcum, etc.

Dr. H. E. Knipp read a paper on

THE TREATMENT OF ECZEMA.

(*See page* 221.)

Dr. Hiram Woods said that in reference to errors of refraction giving rise to some of these troubles, there is evidence that such is the case. He does not think that he has ever seen a case where eczema of the lids was due to it. Eczema of the canal of the ear usually begins with an itching. Often it is irritated by picking, etc. Then the next thing that is done by the patient is to instil oil of some kind into the canal, which usually makes matters worse. This form of eczema is usually of the scaly variety. He has found that an application of the oil of cade and lanolin, or nitrate of silver 40 grains to the ounce has given him the best results.

Dr. Jas. M. Craighill thinks that in many chronic cases the stomach is at fault, and he usually precedes his treatment with a good calomel purge. After this he gives small doses of arsenic, and that in connection with an ointment of salicylic acid, for example, usually gives good results.

Dr. I. E. Atkinson said that Dr. Knipp had given us an admirable review of this important subject. He wished to refer briefly to one or two points in connection with it. We must not attempt to do too much in acute cases, for we cannot cut them short. He does not think that the petroleum series,

such as vaseline, for example, makes good bases for ointments. Occasionally they are good where we want to use such remedies as the oil of cade, for instance. Caustic potash is an excellent remedy in the varicose eczemas, and he finds that it does better than anything else. Salicylic acid is a most excellent agent, especially in the scaly forms of eczema, but we sometimes make a mistake by using it too strong.

Dr. R. L. Randolph said that in treating eczema of the lids he had abandoned everything else except the yellow oxide of mercury ointment, grs. ii–3 i. It gives most excellent results. Also in affections of the auditory canal he uses this same remedy. His mode is to melt the ointment, in a spoon, for instance, and pour it into the canal.

W. J. Jones, M. D.,
Recording Secretary,
1238 Greenmount Avenue.

NEW YORK ACADEMY OF MEDICINE. SECTION ON ORTHOPÆDIC SURGERY.

STATED MEETING HELD NOV. 15TH, 1889.

A. B. JUDSON, M. D., CHAIRMAN.

The paper of the evening on

THE TREATMENT OF TALIPES EQUINO-VARUS BY CONTINUOUS LEVERAGE.

was read by Dr. H. L. Taylor. Viewed from behind, this deformity is a curve of the foot and leg with its convexity directed outward. In order to exert continuous leverage, a splint is applied to the inner or concave side of the curve, and then the deformity is reduced by drawing the foot and leg to the splint. By progressively bending the splint, valgus may be produced. Leverage should thus be applied to overcome first the varus, and afterwards the equinus, the heel cord being left until the plantar fasciæ have yielded. Tenotomy does not take the place of systematic mechanical treatment. Much disappointment has been caused by failure to realize that it is only an incident in the treatment of club-foot.

The appliance used by Dr. Taylor consists of a steel shank, which is easily bent according to the requirements of the case, pivoted to a foot-piece composed of a sole plate and a side plate. It is worn inside the shoe. The shoe cannot hold the foot as it has no certain grasp, and the foot slips and turns inside. The foot is to be held and gently forced into position by the properly applied pressure of straps and buckles, the sole being kept in contact with the sole plate by a three-tailed adhesive plaster applied to the leg, a piece of webbing being attached to the plaster and buckled to the heel of the apparatus. Moderate continuous stretching thus applied is irresistible, and is easily borne by the patient. During the prolonged after-treatment, the patient goes about quite independently, the brace being completely concealed by the shoe and stocking.

Dr. V. P. Gibney had formerly corrected both the varus and equinus at once, but for some years past he had been in the habit of first converting the equino-varus, into equino-valgus and then reducing the equinus, the after-treatment being conducted with a retentive apparatus. He preferred taking six months to reduce the deformity, which can be done in many cases without tenotomy; but a speedy method consists in giving an anæsthetic and molding the parts for ten or fifteen minutes, and then reducing the varus by manual force. A light plaster of Paris bandage holds the foot in equino-valgus for four weeks, and then the tendo Achillis is cut, and for ten days the foot is held in calcaneo-valgus. An apparatus is then applied and the parents are instructed in regard to the after-treatment. In those cases in which the bones are unmistakably distorted and elongated on one side and atrophied on the other, he had tried various methods

including excision, stretching, and gradual and rapid replacement, with good results.

Dr. N. M. Shaffer preferred to use an apparatus applied on the outer side of the foot, believing that if applied on the inner side, it will have an improperly located centre of motion, as was demonstrated on the black-board. Points of pressure, however, are made as in the apparatus described by Dr. Taylor, on the inner aspect of the heel and the inner and upper aspect of the tibia; while between these points of pressure there is inserted a centre of motion to the outer side of and below the external malleolus. The operator is thus enabled, by the use of the key, to exert a real traction force on the resisting lateral tissues, the heel being thrown downwards and outwards, after the straight line is reached, instead of upwards and outwards. He had not found it necessary to use adhesive plaster in this method of reducing the deformity. He favored the application of exaggerated force at very short intervals if reduction cannot be effected by constant pressure. As soon as this rigorous treatment has made it possible for the patient to properly apply the foot to the floor, a walking shoe is applied, which makes use of the weight of the body as a means of overcoming muscular and ligamentous resistance.

Dr. R. H. Sayre said that the treatment of club-foot is simply a question of bringing the foot into a normal position and keeping it there while shortened tissues are gaining length, and lengthened ones are contracting to their proper dimensions. If resistance is encountered, cutting the fibres is certainly preferable to tearing them by the exercise of great force. Whether or not a tissue can be stretched may be determined by putting the part on the greatest possible stretch and, while so stretched, making point pressure with the finger, or pinching the part between the finger and thumb. If a reflex spasm is obtained, this tissue will not stretch. Dr. Taylor has well said that tenotomy and osteotomy are only steps in the treatment; and the method to be adopted is to keep the foot in the normal position while it is growing. We may derive encouragement from the marked results of the Chinese in their persistent efforts to deform the foot.

Dr. Judson preferred a lever on the inner side of the foot, and used a single strip of adhesive plaster wound around the foot and buckled on the side of the foot-piece. In this way the ankle is drawn into the concavity, the foot is untwisted, and the heel is held in contact with the foot-plate. In the newborn, the deformity is to be reduced in the most convenient of a half dozen approved methods. This must be done gently and thoroughly by the time the child begins to walk. After that, a light brace, worn for many years, should hold the foot on the right side of the dividing line between varus and valgus, so that every foot-fall of the growing child shall give an impulse toward the normal shape.

Dr. Ridlon thought that orthopædic surgeons frequently failed to recognize the fact that the after-treatment in these cases is of the same duration, whether the deformity be corrected in a few days by operative means, or only after many months or years by instrumental means. It is doubtful if it be justifiable to confine a patient for so long a period as is usually done when instrumental means are employed, simply to avoid an operation. Another objection to the mechanical treatment of these cases is that valuable time is lost during the period of growth, for a crooked foot grows crooked, and a straight foot straight. It would therefore seem desirable to correct the deformity at the earliest possible moment in order to get the benefit of the growth in the corrected position, and in order also to get the correcting force of the superincumbent weight as described by the last speaker. Congenital cases in very young children, which yield readily to stretching, may be treated in that way; and other cases which can in a reasonable time be corrected by intermittent traction, would seem to be suitable cases for mechanical treatment; but the severe forms of club-

foot should be subjected to more vigorous measures.

STATED MEETING, HELD DEC. 20TH, 1889.

Dr. J. D. Bryant read the paper of the evening, entitled

THE FUNCTIONS OF THE LIGAMENTUM TERES.

The paper was illustrated by a preparation, including the femur, the os innominatum and one half of the sacrum. The capsular ligament of the hip joint was left entire, and the acetabulum was perforated by a trephine from the inner side of the os innominatum. A thread attached to the ligamentum teres and passing out of the opening, was held in the hand of the observer, while the femur was made to describe the natural motions of the hip joint. It was found that the ligament was relaxed in all positions excepting in outward rotation with flexion, and adduction with flexion. When these positions are taken, the ligament tightens, and it is thus demonstrated that the round ligament has no mechanical function excepting when the femur is flexed, and its use when this position is assumed, is to check adduction and outward rotation. It is most relaxed in abduction. But the ligament is so frail that it is almost of no use in the mechanism of the joint. While it is always ruptured in dislocation of the hip, its presence cannot be considered as a preventive of this accident, and it is so little liable to tension or injury from even extreme violence to the limb, that it can hardly be considered in the question of the etiology of hip disease. That it is the initial seat of hip disease belongs to the long list of unproven theories, assumptions that cannot be gainsaid. The principal function of the round ligament is to carry nutrient vessels to the femoral head; and yet when the epiphysis joins the diaphysis, the vessels return before reaching the head, and later they disappear entirely from the ligament.

Dr. N. M. Shaffer called attention to the fact that abduction in which the ligament is most relaxed is the position in which the limb is found in the very early stages of hip-joint disease, when the first sign of the disease is an instinctive protection of the joint. Although motion is limited in all directions, there is the greatest limitation where the strain on this ligament is the greatest. Later, when the functions of the ligament are practically abolished by the advance of the disease, the muscles assume control independently of the ligamentum teres. As this very vascular ligament nourishes the epiphysis, he believed it should be carefully studiedin in its relations to disease in early youth and in its early stages.

Dr. V. P. Gibney suggested that abduction is seen in the very early stage, because the patient, when standing, throws his weight on the sound limb, and instinctively puts the affected limb in the position of rest in which it is abducted and advanced. He thought Dr. Bryant's demonstration made it difficult to see how this ligament could play an important part in the history of hip disease.

Dr. Judson agreed with the last speaker. He thought the profession had of late years turned away from the view that hip disease begins in the articular surfaces or the synovial membrane, and had pretty generally agreed that it begins in an osteitic focus deep in the cancellous tissue. It is therefore a backward step to turn again toward the ligamentum teres as a structure early involved.

Dr. Putnam Jacobi said that it might be interesting to note that one view held is that with the termination of fœtal life the ligamentum teres ceases to have any functions. There are many such structures in the body about which learning and research may be vainly expended in the effort to discover their function, because it is really outgrown. It is highly probable that this ligament can have but little to do with the mechanics of the joint. Since the investigations of Volkmann, it has been pretty well agreed that in children disease begins in the cancellous tissue; but that in adult life it sometimes occurs as a pri-

mary disease of the synovial membrane, especially under the influence of rheumatism.

It is also worthy of note that in children it is often possible to mark out very distinctly the point in the clinical history where hip disease ceases to be limited to the bone, and invades the joint. She had had an excellent illustration of this in a child who came to the dispensary with the history of having limped for several months, but who at that time had no pain and no malposition of the limb. The child was seen several times during the next few weeks, but it was only after some time that the child returned, complaining more of pain than of limp. Then the leg was found to be abducted and somewhat flexed, and passive abduction was excessively painful. From that time the case followed the usual course of hip disease.

Dr. R. H. Sayre had found in the early stages of most cases of hip disease that the first movement to be markedly limited was that of internal rotation. Yet internal rotation, as shown by Dr. Bryant's preparation, does not make traction on the ligamentum teres. Hip joint disease may be either synovial or osteitic, although in the vast majority of cases it is primarily osteitic. In childhood, cases are occasionally found of disease of the knee and ankle particularly, which are apparently synovial from the outset; and the same occurs, though rarely, in the hip.

RECENT OBSERVATIONS ON THE MOTOR PATH.

At the meeting of the Royal Society on the 12th inst., Dr. Beevor and Mr. Horsley read a joint paper giving an account of their recent experiments on the brain of the bonnet monkey (Macacus sinicus). The present paper is a continuation of those presented to the Society in 1887 and 1888, containing a minute analysis of the effects produced by stimulating the "motor region" of the cortex in the same species of monkey. In the present paper similar observations have been made on the excitable fibres of the internal capsule. The animals were etherized, and the internal capsule exposed by a horizontal section through the hemisphere. By means of compasses the outline of the basal ganglia was transferred to paper ruled into millimetre squares. Each corresponding square on the cut surface was then stimulated by a minimum secondary induced current. The movements were carefully recorded. Forty-eight animals were experimented on, in eight groups, representing eight levels, reaching from the corpus striatum to the crus cerebri. In addition to mapping out accurately the position of the motor path in the capsule of these animals, Dr. Beevor and Mr. Horsley analysed the tract itself, and found that the fibres had much the same relative position as the excitable areas in the cortex. Most anteriorly are the fibres connected with movements (1) of the eyes; then follow in order those (2) of the head (3) tongue, (4) mouth, (5) upper limb—the shoulder preceding the hand, (6) trunk, and (7) lower limb—the hip preceding the foot. Further, as shown by the authors in their previous experiments on the cortex, the fibres connected with extension are, in the case of the upper limb, placed in front of those connected with flexion, while in that of the lower limb they are situated posteriorly in the capsule. Another observation of great interest in connection with modern theories of representation of movements in each hemisphere is that, in stimulating the internal capsule in the manner described, bilateral movements of trunk muscles were extremely rare. When the recti abdominis were exposed and the corresponding fibres stimulated in the capsule of either side, contraction of one rectus only followed. It is desirable that careful clinical observations should be made in cases of unilateral convulsions, &c., in man, to see how far this arrangement obtains in the human species.—*Lancet.*

Professor Canalis, Director of the Bacteriological Institute in Rome, has been deputed by the Italian Government to proceed to St. Petersburg for the purpose of studying the bacteriology of the influenza which has its origin there.

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BALTIMORE, JANUARY 18, 1890.

Editorial.

THE WOMAN'S HOSPITAL.

The recent opening of the Johns Hopkins and New City Hospital has added five hundred or more beds to the city's hospital capacity, and this makes one naturally look back at the previous hospital advantages. With the exception of Bay View, all of the hospitals were small and several of them were special hospitals, in which the best work is always done. Referring to the special hospitals, we should like to call attention to the good work that the Hospital for the Women of Maryland is quietly doing for numbers of women from this and adjoining States, who are suffering with diseases peculiar to their sex. Founded seven years ago, and the pioneer hospital of its kind in the city of Baltimore, its services have been fully appreciated, and the demands upon its capacity have steadily increased, and become greater each successive year. After the organization of the hospital in 1882 a private dwelling on McCulloh Street was fitted up for the reception and treatment of patients, but it was soon found that the accommodations furnished by only 17 beds were by no means equal to the demand, and the quarters of the Institution were moved to the large building on the corner of John and Townsend Streets, a location admirably adapted to its wants, as affording a convenient, cheerful and healthful location for the hospital, which now contains 45 beds. Two years ago a large wing was added to the main builing, and fitted with wards for the accommodation of 24 free patients. The wards are furnished with neat, comfortable spring beds; and at the ends of each ward are single rooms for the care of free patients who undergo capital operations, but who could not get the necessary quiet and privacy in a large ward filled with other patients.

For those of limited means, are provided rooms ranging in price from $3 to $8 per week, which includes medical and surgical treatment, board and nursing by trained and thoroughly competent nurses. The hospital throughout is supplied with every convenience for the proper management of such special class of cases as are admitted within its walls, so many of which could not be successfully and satisfactorily treated in the private homes of patients.

In the Dispensary are treated large numbers of poor women who cannot afford to lose full time from daily work, nor leave the care of their families to others while they themselves remain in a hospital, but gladly avail themselves

of treatment received at visits paid to the Out-patient Department.

Notwithstanding the increased hospital facilities of the city, it is highly gratifying to those in charge of the Woman's Hospital that the demand for their services has been taxed to the utmost capacity, and the records, especially for the past two months, show a larger number of operations performed and cases treated than ever before, and it is evident that very soon additional accommodations will be required to supply the demands for beds.

The Board of Managers desire it known that physicians throughout the State of Maryland can send any deserving cases who need gynæcological treatment to the Woman's Hospital, where they will be admitted free of charge, the only requirement being that they bring a certificate stating such necessity and their inability to pay for medical services.

No students are admitted to the hospital, and the poorest woman secures absolute privacy in the examination and treatment of her case.

A description of other hospitals will follow.

Correspondence.

ROCKVILLE, MD., DEC. 31, 1889.

Editor Maryland Medical Journal:

DEAR SIR:—Scarlet fever has prevailed here to a considerable extent, during the summer, fall and winter of this year. Physicians, in order to allay parental fear, called it scarlatina, and thereby it was considered a mild and non-contagious disease, and few precautions were used to prevent its spread. Had it been called scarlet fever it would have been a different matter, for the laity all know what that means. Fortunately the disease was very mild, and no deaths resulted from the primary affection, but diphtheritic pharyngitis supervened, in several instances, and was attended with serious consequences. I think that in every case of scarlet fever local treatment should be resorted to, and where it is not used, the throat ought to be examined every day, for at least ten days from the first appearance of the eruption.

Yours Truly,
EDWARD ANDERSON, M. D.

Hospital Reports.

THE PRESBYTERIAN EYE, EAR AND THROAT CHARITY HOSPITAL OF BALTIMORE CITY. ANNUAL REPORT FOR 1889.

BY JULIAN J. CHISOLM, M. D.,
SURGEON IN CHARGE.

With the new and very attractive hospitals recently opened in Baltimore, it was feared by the friends of the Presbyterian Eye, Ear and Throat Charity Hospital that there would be a falling off in the attendance of sick applicants at this Institution. The record book for the year 1889 sets at rest this cause for disquietude. It shows that however palatial general hospitals may be, special hospitals will always be sought by those suffering from the peculiar diseases which the surgical staff of the special hospital treat. We find, therefore, notwithstanding all surrounding detractions, the number of applicants for treatment exceeds that of last year by 646 patients. The number of admissions for 1889 was 8,308, against 7,662 for the year 1888. These sick persons visited the Institution 30,524 times, an average of 98 patients for each working day of the year. The average number of visits for each patient was $3\frac{2}{3}$ visits. In this connection it is quite interesting to mark the growing efficiency of the treatment, as illustrated by the shorter convalescence and the

fewer times needful for patients to attend the hospital before securing relief. Ten years ago, each patient paid on an average 8 visits to the hospital; this year less than 4 visits. Had the number of visits of former years been necessary, our reception room would not have held the applicants. The past year's work would have given a daily aggregate of over 70,000 persons. As it now is, our waiting room is often so crowded that groups of patients remain on the side walk until seats are vacated in the main hall. In the wards, 520 patients have been treated, requiring 4,967 days of board and lodging. This is the largest number the hospital has ever taken in. New Year's day found 17 ward patients in the hospital. The average stay of each patient in the wards was 9½ days.

From 1 to 4 o'clock every day devoted to the care of the sick in the free Dispensary has been found too short a period to give proper care to the large numbers who apply for treatment. A class of applicants who cannot be promptly and properly disposed of are those whose eyes and heads ache for want of properly adjusted glasses. The well-known medical fact that certain defects in the shape of the eye-ball requiring over-exertion on the part of the eye muscles to focus correctly for near vision, has become an item of popular information. This extra muscular effort, if long continued, produces pain in the eyes and head. Persons who use their eyes much and have consequently more or less discomforts about their heads, now properly look to their eyes as the source of the annoyance. The faulty shape of the eye is known as astigmatism. It exists in a great number of persons. Forced education and forced eye work to meet the daily wants, bring out these eye faults, and produce the eye and head annoyances which belong to them. Numbers of school children and sewing girls visit the hospital daily, seeking relief from more or less constant headache, which medicine has failed to cure. By the wearing of proper glasses these headaches are promptly and permanently relieved. The afternoon hours do not give time for this important examination. The adjusting of glasses cannot be satisfactorily done amidst the confusion attending a general eye clinic. A portion of the hospital staff devote the morning hours to this interesting work. From 10 to 12 o'clock every day patients visit the hospital to have glasses adjusted for the cure of eye pains and headaches, which can be relieved by no other treatment.

During the year 1889, 1,561 operations were performed, an average of 5 for each hospital day. This is the largest number of operations for any one year from the opening of the hospital 12 years since.

The internal working of the charity is in every way satisfactory. The Presbyterian Eye, Ear and Throat Charity Hospital of Baltimore City, is recognized as one of the very best of its kind in the United States.

The following physicians form the active surgical staff of the hospital: Drs. Julian J. Chisolm, Herbert Harlan, Hiram Woods, R. L. Randolph, C. Pennington, F. M. Chisolm, P. G. Dill, J. W. Funck and E. H. Kuykendall.

PHYSICIAN'S REPORT OF THE MARYLAND PENITENTIARY.

BY FRANK J. FLANNERY, M. D.,
PHYSICIAN IN CHARGE.

To the Honorable Board of Directors:

GENTLEMEN:—I have the honor of submitting for your consideration the following report of the sanitary condition of the prison and its inmates during the past year, ending November 30, 1889:

The tabulated statements have been prepared with great care, and develop the fact that the mortality for the past official year was only one death in seventy-four, the year previous being one in fifty-two. The percentage of deaths this year is 1.35-100, the year previous being 1.89-100. When it is remembered that these percentages are calculated from the daily average of prisoners confined, and not, as many are, from the number remaining over from last year, plus the number received, this is an ex-

cellent showing of the sanitary condition.

During the year nine deaths occurred in the prison hospital. Of these five were due to pulmonary phthisis, three to organic diseases of the heart, and one to apoplexy.

I have taken advantage of the opportunities presented in my service in the hospital, to make inquiry into the history of the men who came more immediately under my treatment. A careful investigation shows that of the five men who succumbed to the ravages of consumption, either one or both parents, or some member of the immediate family, died of this disease. In all five, the evidences of consumption were present at the date of their reception into the institution. In two cases especially, Louis Jones and Wm. Johnson, the disease was distinctly marked and unmistakable when they were admitted. The former died in six months from the date of his incarceration. In the case of Wm. Johnson the progress of the disease was so rapid that he died one month after he entered the prison. I sent him to the hospital a day or two after his examination, being satisfied that he could not survive very long. The three cases of organic heart disease were of long duration, and their deaths were not unexpected. As to the case of apoplexy, the man was an inmate of the insane department, and one who had long suffered from brain disease.

Frequently new prisoners who come before me for examination, give evidences of incipient lung trouble. In all such cases suitable quarters and employment are selected for them and every precaution taken to eradicate the disease or to prevent its further development.

I have on examination discovered that out of two hundred and sixty-four inmates who died in the prison during the last twenty years, one hundred and fifty-one deaths were due to that fell disease, consumption—a greater number than died from all other diseases combined.

The result of an examination of the statistics of the hospital department is shown in Table F, and is very interesting and instructive.

The "sick call" for the year has been quite large, a fact due more particularly to little wants and slight physical injuries rather than to any especial medical treatment required. Very frequently prisoners are sincere and honest in believing themselves sick when, as a matter of fact, there is not the slightest evidence of disease. Viewed from a medical stand-point, the mental peculiarities and idiosyncracies of our prison population furnish the routine of the "sick call" with many and most interesting phenomena.

The exemption list for the year was eight hundred and thirty-one, a less number than can be found on the hospital record for a period of over twenty years, and not quite seventy for each month, and only a little over one and one-fourth for each day.

A distinction is properly made between those exempted for slight physical injuries and those exempted for sickness proper.

Nearly all of those exempted for injuries were only temporarily disabled for labor, generally for a day or two, and in many cases for a half day, when they returned to their usual work.

In a financial point of view our hospital account compares very favorably with that noticed in my last annual report. By prudent management and a strict adherence to the system of economy inaugurated last year by me to prevent the waste of medicines, good results have been accomplished and the expenses of the hospital still further reduced without depriving the inmates of any article of medicine which their situation, disease or condition required. Still another and decidedly important factor in the reduction of drug expenses is the admirable system introduced by the Warden in the manner of reporting at the "sick call." Heretofore the attendance was a very loose and careless one; now, since the adoption of a system which requires the sick one to have his name placed upon a blank furnished the officers of the shops and the "call" then conducted in accordance, the malingerer, in a great many instances, prefers to remain away. It smacks too much of discipline for him. Last year the expenses for drugs and

other medical supplies was one dollar and forty-one cents per capita. This year it was a little over seventy cents per capita, or about one-half the amount.

The sanitary condition of the prison, notwithstanding the antiquated design and unfavorable location of some of the buildings, has been excellent. Many and valuable improvements have been made in this direction by the Warden within the past year, and the good work is still going on. The healthy condition of the prisoners is a marked and noticeable fact, and is, in a great measure, due to the rigidly enforced cleanliness of the cells and dormitories, well ventilated work-shops, wholesome diet, comfortable clothing and frequent bathing.

Your attention is again directed to our insane convicts. There are seven of them, and a few of these are hopelessly and incurably diseased. Although the Warden has recently had constructed for them a more comfortable and greatly improved apartment where everything compatible with prison discipline is done for their comfort and restoration to reason, nevertheless, the policy of detaining insane convicts in our penitentiary is not only unsound, but highly detrimental. Insanity in its acute stage is very often amenable to successful treatment, provided proper care and location of the patient, mild but certain restraint, and above all, intelligent nursing are furnished. Our hospital, while it is admirably suitable for the reception and treatment of ordinary patients, has no provision without danger and serious inconvenience to the sick for the accommodation of acute or recent cases of insanity. Unless proper action be taken this doubly unfortunate class must remain where necessity excludes the benign influences of the advanced philanthropy of the age.

As the solution of this question properly belongs to the Legislative Assembly, I earnestly recommend that this body, petitioned and advised by your Honorable Board, will adopt some measure looking to the removal of this afflicted and miserably unfortunate class of criminals to an asylum. The experience of other States has fully demonstated that this can be done without risk to society, without detriment to the individual, and with full satisfaction to that law which takes cognizance of his crime.

In conclusion, allow me to return my sincere thanks to the Warden, his Deputy and all the officers of the institution for the uniform kindness and assistance extended to me in the discharge of my duties.

Miscellany.

THE RUSSIAN INFLUENZA: FEATURES OF THE EPIDEMIC.

Although the existence of an epidemic of dengue fever in Asia Minor during the past autumn, and certain peculiarities in the symptoms observed in some of the sufferers from the present European epidemic have caused some doubt to be expressed, further information tends to confirm the opinion we ventured a few weeks ago that the disease is really epidemic influenza. Professor Leyden in Berlin and Dr. Proust in Paris have both expressed the same view as to the nature of the malady. Epidemic influenza is a specific fever, which must not be confounded with the local affection of the nose and throat to which the term influenza is commonly applied in this country. It is important that this should be generally recognized, for epidemic influenza, though a mild disease if properly treated, may become dangerous to life if neglected. This is particularly true of the present epidemic, for observers in all countries agree that relapses are very apt to occur, This has been noticed by our correspondents in St. Petersburg, Vienna, and Paris, and a well-known practitioner in the West End of London writes to us, with reference to the cases now and recently under his treatment; "I am convinced that it is a most dangerous disease to trifle with, owing to the relapses, which, so far as I have seen, have occurred on the eighth day, I think the public should be warned

to go to bed directly they have the shivering and lumbar pain." Dr. Proust, in Paris, expresses the same opinion. In his official letter to the Minister of the Interior he warns sufferers that exposure to cold, not merely while the disease is at its height, but during convalescence, may altogether change the character of the disease. Most of the deaths which have occurred would seem to have been due to imprudence. The attack produces a good deal of anæmia and nervous depression, and any imprudence committed before complete recovery, may bring on a fatal attack of pneumonia or bronchitis, which might otherwise have been avoided. The poison of influenza, having entered into the system, does not always attack the mucous membranes of the nose and chest. In some persons it is the stomach and digestive organs which are attacked, leading to violent vomiting or colic and diarrhœa; most of the cases hitherto observed in London appear to have been of this class. In other cases catarrhal symptoms of any kind are absent or very slight, but the nervous prostration which ordinarily accompanies is present to a severe degree, the poison appearing to have specially selected the central nervous system.—*Brit. Med. Journal.*

THE EFFECTS OF PHENACETIN.

Dr. K, C. Bose. in a paper read before the Calcutta Medical Society, summarizes the advantage of phenacetin over other antipyretics thus .

1. It causes a gradual reduction of temperature, and the rise after the effect passes off is also gradual.

2. In ordinary doses, it never causes alarming symptoms.

3. It is tasteless, and for that reason easily given to children,

4. A full dose to a delirious person usually produces a quiet night.

6. It does not cause much sweating,

6. No effect is produced by the drug upon the heart.

7. No gastric disturbances are caused by it.—*Indian Medical Gazette*, September, 1889,—*Med. News.*

CHOLERA ON THE MARCH TOWARDS EUROPE.

There is unfortunately but too good reason for believing that the epidemic of cholera which has for so many months hung about the Tigris and Euphrates valleys, and the interior of Mesopotamia, has made considerable inroads into Persia. News of its having crossed the western boundary of that empire has been received from time to time, but it is now announced to the Faculty of Medicine of Paris that there has been an alarming increase of the disease in Central Persia and on the Turco-Persian frontier; and that the inhabitants are fleeing northwards. Those who can afford the journey are endeavoring to reach Russian ports on the Caspian, and remembering that this is the route into Europe which cholera has so often taken before, the announcement must be regarded as one of no little gravity. This is more so, because the Caspian port towns and fishing villages have a bad reputation in regard to those sanitary circumstances which are known to favor the diffusion of cholera.—*Lancet.*

A CHILD BORN WITH MEASLES.

Dr. Lomer of Hamburg mentions (*Centratblatt für Gynäkologie*) a case of a child born with measles. The mother—an unmarried woman who had not had measles in childhood—was seized during a measles epidemic on June 7th with a rigor, cough, hoarseness, smarting of the eyes, and diarrhœa. The next day the pains of labor commenced—some five weeks before term,—and the child was born that evening. The next morning the mother was covered with a well-marked ernption of measles and the child presented some dark spots on the forehead and buttocks, The mother was attacked by pneumonia on the fifth day, and made a slow recovery; the child died when a month old from intestinal catarrh, its death being hastened probably by want of attention, and having probably nothing to do with the measles. The occurrence of measles at the time of childbirth is not commonly described in medical lit-

erature, therefore this case is of some interest.—*Lancet*

ADMINISTRATION OF CHLORAL IN INFANTILE CONVULSIONS.

Widerhofer, of Vienna, recommends the following, as a sedative in infantile convulsions:

Hydrate of Chloral . . . 1 drachm.
Distilled Water . . . . . 3 fluidounces.
Syrup of bitter orange peel 1 fluidounce.

A teaspoonful every two hours.—*Revue Générale de Clinique et de Thérapeutique.—Med. News.*

THE DOCTOR AT HOME.

Query: Is the doctor sufficiently at home? Does he arrange his affairs in a manner to permit him to properly perform the duties connected with his home? Is he not apt to be overcome by the responsibilities of his life; to become so devoted to the performance of his duties to his patients, that he neglects his duties to those who in the mind of every good citizen, should be first—the members of his own family? Is there any other class of persons in the community which so completely ignores the demands of home as the doctors?

The habits of life of the physician naturally make him unsystematic; his duties as he advances in his profession become burdensome and exacting; the calls upon his time from his patients are continuous, never ending, almost. Then if he properly equip himself so as to perform his duties to his patients, the demands upon him in the direction of study are great, and the ones most apt to be neglected are the members of his own household. Too often he neglects his finances and at the same time neglects wife and children unintentionally, but simply for the reason that he thinks the necessities of his calling demand it.

A doctor's wife, of my acquaintance, made the observation on one occasion that she thought a physician's wife should have two husbands, one to attend to his patients and his business and the other to look after the interests of his family. Probably she was right, but there might be a conflict under these conditions between the two regarding their respective duties.

Does not the trouble lie in the fact, after all, that the members of the profession do not study how to perform their work in the easiest manner for themselves and for the good of all concerned? Might they not better be more exacting in the regulation of their hours; might they not educate their patients in the direction of being more considerate? Of course when sickness enters the average home it paralyzes all concerned, and at once the doctor is wanted, and *wanted at once.* If, however, the patients should be properly impressed with the fact that the doctor has rights which ought to be respected, they would stop to think now and then and say: "Can I not arrange my summons for the doctor in a way that he may receive it early in the day, so that his calls may come in such a manner as to enable him to map out his work for the day?" If they were properly reminded of the necessity for sleep on the part of the doctor, might they not frequently send their calls in at an earlier hour in the day, so that they might be made by daylight rather than towards midnight? If the patients be impressed with the fact that the doctor must have sleep and rest and a little time to devote to the pleasure of his family, and this were emphasized by an announcement that all calls received after dark should be charged for at double price, the result might be attained.

Many of the discomforts of a busy doctor's life might be avoided were he to make the proper efforts to study his own interests and to teach his patients to have some regard for his comfort.

He who has no regard for himself will find the world neglectful and wanting in respect for him. A generous consideration for humanity should demand from the physician a selfish watchfulness of the interests of the mechanism through which he serves suffering man.—*Medical Mirror.*

SLEEPING DRAUGHT.

Yvon uses, for adults, a sleeping draught made as follows:

Hydrate of chloral . .	1 drachm.
Bromide of sodium . . .	1 "
Syrup of codeine . . .	5 drachms.
Syrup lauro cerasi . . .	5 "
Water	4 ounces.

—*Revue Générale de Clinique et de Thérapeutique.—Med. News.*

STATE BOARD OF HEALTH.

The quarterly meeting of the State Board of Health was held at the City Health Office on January 15. In the absence of Dr. Jackson Piper, president, who is suffering from an attack of la grippe, Dr. J. A. Steuart presided. There were present Drs. Morris, Steuart, Bateman, of Easton, and Secretary Chancellor. It was decided to ask legislation on several matters touching the public health. The secretary was authorized to urge the passage of a bill requiring notice to be given to the State Board of Health of the existence of any malignant or dangerous disease, such as smallpox, cholera, typhus, or typhoid fever, diphtheria, scarlet fever, &c., in order that the necessary steps may be taken to arrest the spread of such diseases before they have obtained too strong a foothold. This bill also provides that in any town, village or other place in the State where no special health department exists, or in case the health laws and regulations in any place are inoperative, the State Board of Health shall make such regulations respecting nuisances, sources of filth and causes of sickness as may be deemed necessary for the public safety, and also regulations respecting any articles which are capable of containing and conveying any infectious or contagious disease, and for the disinfecting of any house or premises where contagion or infection has existed. Section 6 of the act provides "that in any town or village where no special health department has been established, the State Board of Health is empowered to make such rules and regulations in relation to the care and cleansing of privies, pig-pens and other noxious places as may be deemed necessary for the preservation of the health of the inhabitants thereof, or the Board may declare any such privy, pig-pen or other noxious place a nuisance, and the abatement thereof be ordered and enforced."

Another bill will be presented for the accurate registration of births and deaths in the State, which record, when tabulated, indexed and bound, shall be deposited in the office of the clerk of the Court of Appeals, and such books of registration, or a duly certified copy, shall be admitted as evidence in any court of law and in any legal proceedings, in the State, where it may be necessary to allege or prove such birth or death.

The Secretary, Dr. Chancellor, stated that he had had a conference with Prof. Remsen, of the Johns Hopkins University, with reference to securing a reliable analysis of adulterated food and drinks, &c., and that Prof. Remsen had expressed a willingness to coöperate with and aid the State Board of Health in this line of work, if a small appropriation could be secured from the Legislature to pay the actual expenses of material, &c., which it would be necessary to use in making analysis and microscopic and bacteriological examinations. This would be especially useful in the case of drinking water, and the secretary was requested to confer further with Prof. Remsen, and draft a bill to meet the case.

The medical practice act was discussed, and the secretary was authorized to use his discretion in presenting amendments to the bill of 1888, in order to make it operative.—*Baltimore American.*

THE PSYCHOLOGY OF EPIDEMICS.

Every epidemic carries in its train curious exaggerations of many well-recognized characteristics, and these frequently call for appreciation and for treatment almost as much as the disease in which they originate. Perhaps one of the most striking of these mental per-

versities is to be found in the idea that the epidemic is to be treated by "common sense," or by nostra which have been largely advertised, or by specifics which are known to the laity mainly through their frequent mention in the daily press. Those suffering under this delusion feel that it is wholly unnecessary to seek skilled assistance, and they boldly dose themselves with remedies of whose power and properties they are absolutely ignorant. In Vienna it has already been found necessary to forbid the sale of antipyrin, except under doctor's prescriptions,as no less than seventeen deaths were attributed to stoppage of the heart's action owing to overdoses. The freedom with which the prescription of this remedy has been assumed by the public has long since been viewed with anxiety by the medical profession, and frequent warnings have already fallen upon deaf ears; and yet it is to be feared that if the epidemic of influenza should spread, many more examples of recklessness will have to be recorded. Mr. Labouchere, claiming to act "by the light of common sense," upon having "a cough, a headache, and an all overish ache," accompanied by sneezing, diagnosed the prevailing epidemic, and at once administered to himself "thirty grains of quinine," and to meet the cough he took 'unlimited squill pills.' He writes that the one "settled the fever," and the other "settled the cough," and that in four days he was quite well. Upon this last fact he is certainly to be congratulated, though we trust that others may not be impelled, "by the light of common sense," to follow him in such heroic measures, or to emulate his example by trying the effect of antipyrin in similar unlimited doses. It is serious enough to cope with an epidemic and its sequelæ, without having matters complicated by ignorant and reckless experimental therapeutics.—*Lancet.*

Medical Items.

Professor Tiemann of Berlin has been offered the vacant Professorship of Chemistry at Rostock.

Dr. Lapchinski has been appointed Professor of Pathology and Therapeutics at Warsaw.

Dr G. Granville Bantock has been elected an Honorary Member of the Société Belge de Gynécologie et d'Obstétrique.

The daily papers announce the death of Tröletsch the aurist.

Dr. Paul Eisler has qualified as *Privatdocent* in Human and Comparative Anatomy at Halle.

Dr. A. Cardarelli has been appointed Professor of Pathology and Clinical Medicine in the University of Naples.

Professor Credé, the distinguished German obstetrician, celebrated his 70th birthday on December 23rd.

A meteorological station has been established on the tower of Strassburg Cathedral.

Dr. Franz Müller has been promoted to an Extraordinary Professorship of Electrodiagnosis and Electro-therapeutics at Gratz.

Professor von Bergmann, who has been suffering from inflammation of the lungs for some weeks past, has so far recovered that he hopes to resume his work soon.

A large number of prominent members of the British Medical Association have resigned from that body because they do not like the way matters are conducted.

At Nordhausen, in Prussian Saxony, the municipal authorities, at the suggestion of the district medical officer, require barbers and hair dressers to disinfect their instruments each time they have been used.

Dr Robert Barnes has been elected an Honorary Member and Dr. Fancourt Barnes an Honorary Corresponding Member of the Société de Médecine de Constantinople.

Dr Arnold Cahn, late first assistant to Professor Kussmaul of Strassburg, has gone to Cannes for the winter months to

attend Archduke Michael Nicholavich of Russia.

The Supreme Court of Georgia has decided that the proprietor of a patent medicine is liable for damages for the injury done to any person who takes the medicine according to directions.

Dr. David Prince, one of the oldest and most successful surgeons of Jacksonville. Illinois, died on December 19th from pneumonia. Dr. Prince has twice been a delegate to the International Medical Congress.

Dr. Beaumetz, in *London Hospital*, states that consumption has been spread in an establishment in Paris where clerks were in the habit of expectorating on the floor, and the rooms being swept while the employees were assembling in the morning.

Dr. Wm. T. Cathell of 1636 East Baltimore Street, announces that having determined to limit his practice to Diseases of the Throat and Nose, he will sell his gynecological outfit at a low price. This is a rare chance for any gynecologist to pick up good instruments cheap.

It is said that Professor Robert Koch, the discoverer of the tubercle bacillus, the cholera bacillus, &c., and head of the Hygienic Institute at Berlin, is busy at a wrok on the Biology of the Tubercle Bacillus, describing the life, growth, qualities, vital action, and death of that terrible germ.

Flanders Diffusible Tonic, advertised as a cure for all fever caused by infection or malaria, has been analysed by Prof. A. B. Stevens, and found to contain, in one hundred parts of cinchona alkaloid, one-half one part of ext. hydrastis, alcohol twenty-five parts, and the rest water.

The engineers on trains running between Philadelphia and New York. are mostly young men, and they frequently change in the course of a year, as it is said old men do not have nerve to stand the strain and responsibility of engineering trains running with such terrific speed, and even the nerves of young men become shattered in time.

The Chicago Medical Society has appointed a committee to investigate the medical origin of the "*Times* abortion escapade." It is said that the editor of the "*Times*," who prompted the escapade has been indicted for a criminal offense, and in disgrace driven from his place. It would be well if his medical confrères were also made to suffer their misdeeds.

The late famous botanist, Reichenbach, keeper of the Botanical Gardens in Hamburg, bequeathed his library and his collection of plants to the botanical department of the Court Museum in Vienna. The library comprises about 10 000 works in about 15,000 volumes, the herbarium about 700,000 sheets, and as the botanical department of the museum possesses about 7000 volumes and a splendid herbarium of about 420,000 sheets, the bequest much more than doubles its treasures.

Dr Albert Hoffa, private lecturer in the University of Würzburg, has been called to succeed Professor Rinne, now surgeon in the Elizabeth hospital at Vienna, as an extraordinary professor of surgery at Greifswald. He was assistant to Professor Maas of Würzburg during the last three years of the gifted surgeon's life. In 1886 he published a treatise on the nature of the virus of anthrax; in 1887 another on surgical scarlatina; and in 1888 another on dislocations and fractures. He has written also on resections of the knee-joint in children, on the results of the operaton for hare-lip and fissure of the palate, on the reinsertion of teeth, &c. He is a native of Richmond, in Cape Colony and is only about thirty years of age.

This year is the 250th of the existence of the University of Helsingfors, which was founded in 1640 at Abo. It was burnt down in 1820, and was then removed to Helsingfors, the new capital of Finland. During its existence it has contributed largely to the higher education of the Finnish people. It has a small but flourishing medical faculty. Although belonging to Russia, Helsingfors is upon quite different footing from that of other Russian universities. The lectures are mostly delivered in the Swedish language, and most of the papers emanating from the professors are published in Scandinavian journals. There is, however, one medical journal published at Helsingfors in the Finnish language, the the title of which is *Duodecim*. Preparations are being made for celebrating the 250th year of the University's existence in a befitting manner.

Original Articles.

THE EARLY DETECTION OF PULMONARY CONSUMPTION.*

BY WILLIAM B. CANFIELD, A. M., M. D.,
OF BALTIMORE.

Chief of Chest Clinic, University of Maryland.

The relation of rare cases, the presentation of unusual specimens, and the reading of deep papers, make up the usual programme of our medical societies. Still we should not forget that in the absence of anything new under our present luminary, old subjects may often with advantage be renewed, typical cases and specimens may be exhibited, and indeed facts must be repeated and repeated until their importance becomes impressed upon each one of us. It is this reason that has induced me to take up the old theme of the early detection of pulmonary consumption. There can be no doubt in any one's mind but that prevention is better than cure. Unfortunately, in pulmonary consumption the physician is generally called in too late even to hope to effect a cure. Up to within a few years ago, consumption when detected was considered absolutely hopeless, and the physician's only duty was to try to alleviate the accompanying suffering and produce a painless euthanasia. This plan of treatment was followed because the disease was recognized at too late a stage. Although the judicious use of auscultation and percussion, and in fact, of what is called physical diagnosis in general, had done much toward mapping out with comparative accuracy, the locality and extent of the lung lesion, still even before this method was used, the keen observer by other signs and symptoms often suspected the fatal disease at a time when the most skilful diagnostician could have found no physical signs of it.

Now that that newer department of medicine, bacteriology, which too many consider unpractical and as belonging to the pathological laboratory, has given us a more certain evidence of the early approach of consumption, we need rarely be in doubt. Ever since the discovery of the bacillus tuberculosis by Koch, few or probably now no important observers will deny its causative relation to tuberculosis in general and pulmonary consumption in particular. The discovery by Koch has given us one solid fact. If we find the tubercle bacillus in the sputa, consumption is present, and if after a sufficient number of examinations the bacillus is not found, then there is, generally speaking, no consumption. I was in Vienna at the time that Koch's discovery was announced, and noticed there how at first it was received with incredulity by Nothnagel, Bamberger and others, and how they all gradually came over to Koch's opinion; and again and again have I seen the statement, no bacillus, no consumption, and where there is a bacillus there is consumption, proved in the wards of the General Hospital at Vienna, and in the Charité at Berlin. This ocular demonstration and positive proof was much more convincing to me than if I had simply read these statements in the various journals and text-books. In every case examined in the wards in the foreign hospitals, clinical and microscopical examinations are made of the secretion and excretion of each patient in the little laboratory attached to each ward, just as it is done at the Johns Hopkins Hospital. Thus it was that in a great many cases where little history and absolutely no physical signs could be found that the microscope showed the presence or absence of bacillli, and thus rendered the diagnosis certain.

In the large number of cases under my care in the Chest Department of the University Dispensary, Baltimore, and of some in private practice, I have had frequently cases presenting a history of obstinate continued tickling cough, hoarseness, fever, emaciation, but with no marked physical signs. In such cases I always examine a specimen of the morning sputa and I have often had the satisfaction of early detecting the bacilli,

* Read before the Medical and Chirurgical State Faculty of Maryland at its Semi-annual Meeting held at Hagerstown, Md., Nov. 12 and 13, 1889.

Although such an observer as von Ziemssen may say that tuberculosis of the larynx is always secondary to that disease of the lungs, still we know that the larynx often gives the first cause of complaint, and through this the disease has been detected when there were absolutely no physical signs in the lungs.* In most of my cases, even after the early diagnosis, the fatal result could not be averted, but in some, quick action has succeeded in staying the progress of the wasting, and a cessation of the symptoms. Of the poorer class at the dispensary, I sent a selected number to a small private hospital which I attend, and several times I have been rewarded by seeing great improvement, and in more than one case stopping the disease. In several cases detected very early by the presence of bacilli, the climatic cure was insisted upon at once, and, as you all know, this is the cure giving the most hope of success. The great trouble was that in young people, and especially men, as I noticed in one case, the desire to go on with their work has cut short the climatic treatment and started up the disease afresh. One case which I had last year was almost well, but a return to business renewed all the old symptoms, and before he could sufficiently rally he died. In another case, which went so far as to have breaking down of the right lung with a cavity, this cavity is now so small that it can only be found with great care.

In examining sputa the two most important abnormal ingredients are elastic tissue and tubercle bacilli. The latter alone are pathognomonic of pulmonary consumption; the former may be present in any breaking down of the lung whether tubercular or not. There has been an attempt made to measure the severity of the case by the number of bacilli found. This is not always practical, as many bad cases show few bacilli and light cases expectorate sputa laden with bacilli. What I claim then, from my own experience only, and it is nothing original, is that the microscopical examination of the sputa for tubercle bacilli is so easy, and in doubtful cases so important, that no physician should fail to undertake it or have it done for him for the sake of the patient. The early detection of such cases as apparently begin in the larynx, or have sufficient cough, emaciation and fever to cast suspicion on the lungs, will enable the patient to be sent to a proper climate before it is too late, and from this treatment there is much to be expected as we all know by experience.

A few words about the technique will close this subject. The method of looking for these bacilli is soon learned after a little practice by one already familiar with the use of the microscope. Others may not find it so easy, and there may be danger of drawing too hasty conclusions by those not versed in these matters. To examine the sputa for tubercle bacilli, the patient is requested to bring a specimen coughed up in the morning when it is free from food on waking up. I generally have it expectorated into a wide-mouth bottle, and then tightly corked. This is labeled at once and may be examined at once which is best, or may be delayed several days without much harm. The bottle is tipped up on the side and a bit of those yellowish or opaque masses is spread out on a clean cover glass with a sterilized platinum needle, or is taken up with sterilized forceps and put in the centre of a clean cover glass upon which a second cover glass is pressed, and then the two are drawn apart and allowed to dry. They are then passed through the alcohol or Bunsen flame to coagulate the albuminous substance and fix the layer on the glass. Good microscopists, with the aid of strong lenses and strong light may have detected the bacilli unstained, but such a procedure is uncertain and time wasting. The principle of rendering the bacilli visible by staining them has been clearly enunciated by Koch and modified, *but not improved*, by a host of followers. This principle of all is about the same, namely, to overstain the specimen and then decolorize, experience having shown that the bacilli

*Since writing the above, a case which had been examined by several physicians and pronounced nervous cough, came into my hands. Auscultation and percussion yielded negative results, but the first examination of the sputa revealed bacilli in abundance.

retain their color better than the cells and other matter. The stains most commonly used are fuchsine or magenta, properly called hydrochlorate of rosaniline, and methyl-violet or gentian-violet. The coloring fluid which I find most convenient and durable is made up of

Fuchsine (by weight). . . . 1 part.
Absolute alcohol . . . . 10 parts.
Solution carbolic acid(5 per ct.) 100 "

This keeps better and longer than the ordinary aniline solutions, which should be prepared fresh for every examination. The cover glass, with sputa side downwards, may be floated on the staining solution in a watch glass which is held on a wire gauze over the flame to hasten the coloring, or a few drops of the stain may be dropped on the cover glass, which is then cautiously held over the flame high above it until bubbles break on the surface; the glass is then dipped into diluted nitric acid (one to three or four), until slightly decolorized, then directly into water, to stop the decolorizing process, or some prefer to pass it from the acid into alcohol. For immediate examination it is laid on a slide, the excess of liquid taken up by blotting paper and examined. An immersion lens is generally used to find these bacilli, but good dry lenses are made of sufficient strength and definition, such as the one I here show you, made by Queen, of Philadelphia. Indeed, the bacilli may be recognized with 350 diameters, although it is not desirable to use less than 500. The method of staining and double staining other than these I shall not mention, and will only add, in conclusion, that I shall be pleased after the session, to demonstrate to any of the members the method described here.

1010 North Charles Street.

Synthetic carbolic acid is now supplied. It is free from the contaminations which are present in the acid now in use.

The American Medical Association of Vienna states that a student can live economically in that city for from $30 to $40 a month.

TWO CASES OF VAGINAL HYSTERECTOMY FOR EPITHELIOMA OF THE UTERUS.*

BY B. F. BAER, M. D.,
OF PHILADELPHIA, PA.

I have had two cases of vaginal hysterectomy for cancer during the year, which I wish to place on record in connection with the case which has just been reported.

Mrs. H. was brought to my office by Dr. J. P. Pyle, of Wilmington, on Feb. 1, 1889. She was 36 years of age; married; had six children. The last child was born seven weeks before I saw the patient. The labor, which was premature,—seven and a half months,—was difficult but not instrumental. The patient stated that she suffered unusual pain during the first stage of labor, cutting and tearing in character; that the child was expelled suddenly, considerable hæmorrhage attending the expulsion. The child died ten hours afterwards. She remained in bed not longer than the usual period after the labor, and then went about feeling as well and strong as after her former labors. So far as she knew she had been perfectly well until some time in October, when she began to have a profuse watery and fetid discharge from the vagina. She did not have any pain or hæmorrhage until the onset of labor, nor did she have any unusual flow after the labor, the main symptom of which she complained being the fetid watery discharge. For this she consulted Dr. Pyle about a week before I saw her, who correctly diagnosticated epithelioma of the cervix.

On examination I found a cauliflower-like mass as large as my fist distending the upper portion of the vagina and growing from the neck of the womb. The nodules were not friable, and no hæmorrhage attended the examination. The body of the womb was greatly enlarged, but it was apparently perfectly mobile. The tissues exterior to the

*Read before the Philadelphia Obstetrical Society.

uterus were free from infiltration so far as could be determined. The vagina was apparently not involved.

In view of the above physical condition I advised hysterectomy, and the operation was done two days later, on February 3.

I began the operation by removing the degenerated tissue with the curette and scissors. This was necessary to gain room and to protect against infection, the parts being constantly irrigated with a 1 to 4,000 solution of bichloride of mercury. I then proceeded by cutting through anterior to the uterus. The vessels were large and the tissues soft, spongy and vascular, as was to be expected seven weeks after labor, when involution had not been entirely completed. After the peritoneal cavity was opened I passed in two fingers and enlarged the opening by tearing from side to side. I then cut through posteriorly. I did not cut at the side of the cervix because it was now found that the vaginal wall was involved to a slight extent at this region on either side, and for the further reason that the parts were so vascular that free bleeding occurred when a cut was made. One blade of Doléris' clamp was then passed along the posterior surface of the right broad ligament, and the other anterior, and made to grasp the uterus as close to the side of the pelvis as possible. The lower part of the ligament was then severed with scissors so far as it was grasped by the clamp. This gave more room, so that I was enabled to pass my finger within and over the Fallopian tube, when I found that the latter was not grasped within the clamp. This was now secured with a Well's pedicle forceps and then severed. I now passed the second clamp over the left broad ligament, and began cutting on the other side in the same way as far as I could reach with the scissors. By great effort the uterus was then pulled down outside of the vagina, when it was finally severed. There was some general oozing, but I did not lose any time in trying to ligate vessels, as there did not seem to be anything but this general oozing. I packed very firmly with iodoform gauze.

The patient stood the operation well, but died four days afterwards from peritonitis.

My second case was not an operation of election.

I saw Mrs. S., a patient of Dr. L. P. Reiman, in February, 1889. She was 49 years of age; married; had two children, the last one nineteen years ago, after normal labors. The menopause had not yet occurred.

She had enjoyed remarkably good health all through her life until the following symptoms began to develop:—

One year previous to the above date she found that she was flowing more freely at her periods, and during the previous six months she had had several attacks of severe flooding. During this time she began to lose flesh, and had lost probably thirty pounds; but she still presented an appearance of ruddy health, without the slightest sign of cachexia.

Examination revealed the cervix to be the seat of a carcinomatous growth, cauliflower in form, and involving slightly the left side of the vagina. There was no evidence of infiltration of the lymphatics or the other tissues outside the womb, that organ being mobile, except at the point of involvement of the vagina, where the infiltration appeared to extend deeper than the tissues of that organ. For this reason especially I advised simply curetting and cauterization, for the purpose of modifying the hæmorrhage and prolonging the patient's life. During the operation I accidently punctured the posterior wall of the vagina, and my finger entered Douglas' cul-de-sac. I then decided to remove the uterus, and I therefore hooked my finger over the body of the organ and brought it down through the opening which I had inadvertently made. The broad ligaments were ligated with silk ligatures and the vagina tamponned with iodoform gauze.

The patient made a good recovery from the operation, and for a time was greatly benefitted; but a letter received to-day from Dr. Reiman informs me that the disease is returning at the side

of the vagina, and that the patient is greatly emaciated and in a very bad condition generally, having a cough and hemoptysis also. She will probably die within a short time.

Basing my opinion upon my own experience, I am inclined to look with disfavor upon this operation. I, of course, at the same time recognize that these are not proper test cases. I believe if I were to be called upon to-morrow to decide in a case of epithelioma of the cervix, the body of the womb not being involved, I should advise the high amputation of the neck, and not hysterectomy. I have a number of cases in my mind now where amputation of the cervix, simply, has resulted in apparent cure of the disease, for after several years—in one case four or five years—the disease has not returned. Of course if it were found during the operation that the disease had extended to the body of the womb it is likely I should complete the operation by removing that organ, provided there was not infiltration of the tissues outside.

CHLORALAMIDE AS A HYPNOTIC.*

BY W. HALE WHITE, M. D., F. R. C. P.,

Senior Assistant-Physician to, and Lecturer on Materia Medica and Therapeutics at Guy's Hospital.

In his exhaustive account† of many of the new hypnotics, Professor Leech says of chloralamide that the observations upon it are, so far, few in number. I have recently given it to twenty patients suffering from various illnesses, in all of whom insomnia was a troublesome symptom. Brief notes are appended. It will be seen that the drug produced comfortable sleep in all the patients except two; one of these was suffering from delirium connected with cerebral hæmorrhage, and the other was admitted with rheumatic fever complicated by delirium tremens and salicylic poisoning. Both these patients died shortly after admission. It is noteworthy that some of the other patients were suffering from extremely painful diseases and yet chloralamide produced sleep; thus a woman who had a thoracic aneurysm preferred it to morphine, and another patient who had carcinoma of the stomach also slept better with chloralamide than with morphine. The patient with carcinoma of the liver suffered intense pain, yet she dozed comfortably after chloralamide. The man suffering from cerebral softening who was quieted by the drug is also a striking case. Probably the house-physicians, sisters and nurses are the best judges of hypnotics, as they see the patients frequently during the night. They all tell me that those who take chloralamide sleep well and comfortably after it, and the sisters of the three wards in which I have used it tell me that the patients sleep better after chloralamide than after any of the hypnotics which have been introduced during the last few years. My own experience, and what the patients themselves tell me certainly agree with this. In none of the twenty patients to whom I have given it—and many of them have taken several doses—have any effects followed that can be looked upon as contra-indications to its use. Never have I observed any depressing results, nor has headache followed its use. The time which elapses between its administration and the commencement of sleep varies between a quarter of an hour and two or three hours. If it is given in the evening, when once asleep the patient usually sleeps quietly till morning. Some writers have stated that occasionally after a dose in the evening the patient does not go to sleep till the next morning, and that he remains asleep all the day. This was so with one of my patients; but it must be remembered that, as the drug is feebly soluble in water—20 grains take five hours to dissolve in 2 ounces of water—it is often given as a powder with some milk. It was administered in this way to my patient, who slept the next day, and I should think that some of these cases of

*From *British Medical Journal.*
†*Journal*, Nov. 2, 1889, p. 969.

delayed action were due to delayed absorption. Now I always prescribe it with spirit; 20 grains will dissolve in 1 drachm of rectified spirit in fifteen minutes, and water may be added to this solution without reprecipitating the drug. A good way of giving it is to tell the patient to dissolve it in a little brandy, add water to his liking, and drink it shortly before going to bed. If given in milk, not only is it insoluble, but it is difficult to swallow, for it sticks to the sides and bottom of the glass. The taste is slightly bitter, but by no means disagreeable. It should never be prescribed with alkalies, for they decompose it, nor should hot water be mixed with it, for it decomposes at 148° F. For an adult, 20 to 60 grains—the exact amount depending upon the cause of the insomnia—is the dose; usually 30 grains will suffice. It has the advantage over sulphonal that it is only half the price, and it has the great advantage over paraldehyde that it has no nasty smell or taste, nor is it difficult to dissolve.

The few cases which have been published quite bear out the cases recorded here. It would seem that in chloralamide we have a safe hypnotic, which hardly ever has any depressing effects, which does not produce indigestion, and very rarely gives rise to any unpleasant results. We do not of course yet know what harm may result from its prolonged use. References to those authors who have studied the chemistry and physiological action of the drug will be found recorded by Leech, Paterson,† and in a leading article in the *Therapeutic Gazette* for September, 1889. Rabow‡ considers 45 grains of chloralamide to be equivalent to 30 grains of chloral. Chloralamide has been used successfully as an enema by Peiper.§

Case I.—Typhoid. A girl aged 4½. Very irritable and fretful, often keeps the other patients awake by her crying; 5 or 10 gr. of chloralamide always sent her to sleep a quarter of an hour after taking it. She slept quietly for many hours. She took it frequently for a fortnight.

Case II.—Sarcoma of the last rib growing extensively into the tissues and organs around. A middle-aged man. He suffered intense pain, but 30 or 40 gr. of chloralamide always gave him sleep, often for the whole night. It relieved him as much as, or even more than morphine.

Case III.—Cerebral hæmorrhage with noisy delirium. An adult man. 30 gr. of chloralamide did not relieve the delirium.

Case IV.—Thoracic aneurysm; a woman. She suffered great pain. Before the introduction of chloralamide she was treated with injections of morphine For the last month of her life she had many doses of 30 gr. or 40 gr. of chloralamide. She always slept well after it and she said she preferred it to morphine.

Case V.—Subacute nephritis. A woman aged 27. Slept well and comfortably after a dose of 30 gr.

Case VI.—Mitral regurgitation, pericarditis. A boy aged 12. Slept all night after a dose of 5 gr.

Case VII.—Mitral regurgitation and albuminuria. A man aged 40. 30 gr. made him sleep well and comfortably.

Case VIII.—Extreme ascites, probably due to cirrhosis. An elderly man much troubled with insomnia. 50 gr. made him sleep well and comfortably.

Case IX.—Carcinoma of the liver. A woman aged 38. She suffered extreme pain, but 30 gr. of chloralamide caused her to sleep well and doze in comfort.

Case X.—Erysipelas. A middle-aged woman. 30 gr. always made her sleep comfortably.

Case XI.—Rheumatic fever. A boy aged 10. 15 gr. every four hours gave him quiet sleep, although he suffered much pain.

Case XII.—Rheumatic fever, delirium tremens, salicylate poisoning. A man aged 40; died a few hours after admission. 3i of chloralamide had no effect upon him.

Case XIII.—Brachial monoplegia, probably due to embolism and cerebral

†*Lancet*, Oct. 26, 1889.
‡*Centralblatt fuer Nervenheilkunde*, Aug. 1, 1889.
§*Deutrch. med. Woch.*, Aug. 8, 1889.

softening. An old man, who was very noisy and delirious. 30 gr. always quieted him and produced sleep lasting some hours.

Case XIV.—Mitral disease. A middle-aged woman. 30 gr. always produced sleep.

Case XV.—Carcinoma of the pylorus. A woman aged 56. 30 gr. always produced sleep better than morphine.

Case XVI.—Chronic eczema. A man aged 40. 30 gr. caused comfortable sleep.

Case XVII.—Mitral regurgitation and floating kidney. A woman aged 50. 30 gr. produced sleep, although the floating kidney caused much pain.

Case XVIII.—Spastic paraplegia. A woman aged 56. 20 gr. caused comfortable sleep.

Case XIX.—Phthisis, aortic disease, saturnine paralysis. A man aged 65. 20 gr. always produced sleep, but it took twelve hours to act, so that if the medicine was given in the evening the patient did not sleep during the night, but he slept all the next day.

Case XX.—Mitral regurgitation. An adult man. A severe case. 30 gr. produced comfortable sleep.

PRIMARY ACTINOMYCOSIS OF THE APEX OF THE LUNG.

Dr. Lindt, of Königsberg (*Centralblatt für Klin. Med.*, 48), records a case of primary actinomycosis affecting the apices of both lungs. The patient was a woman who had suffered for several years from bronchial catarrh, the symptoms having become very much more severe after a cold which she had caught before admission to Professor Lichtheim's clinic. She then complained of pain in the upper part of the back and in the shoulders and arms. Soon the muscular strength of the arms became impaired, and there were tremor and a feeling of distension in the neck. On examination consolidation was made out in both apices, also an abscess apparently connected with the cervical vertebræ. No bacilli could be discovered in the sputum. The abscess was opened, and was found to contain a small quantity of pus, in which were but few corpuscles. It then appeared that the abscess was connected not with the vertebræ, but with the muscles. Upon changing the dressing a number of bodies scarcely as large as a pin's head were found, which upon microscopical examination presented all the characteristic appearances of the actinomycetes fungus. The sputum, too, contained similar bodies. The patient died four months afterwards, and the post-mortem examination showed that the diagnosis of primary actinomycosis of the apices of the lungs, which had been arrived at during life, was quite correct.—*Lancet.*

METEOROLOGICAL STATISTICS. THE BAROMETRICAL AND THERMOMETRICAL FIGURES FOR THE PAST YEAR.

The meteorological report for the last year shows the following facts: The mean temperature for the year was 55.8 degrees, or three-tenths of a degree above normal; the highest temperature, 93 degrees, occurred on May 10 and July 9, and the lowest, 3 degrees above zero, on February 24. The mean winter temperature of 1888 and 1889 was 35.2 degrees, 1.3 degrees above that of the preceding winter, and three-tenths degree below normal; the mean spring temperature was 54.6 degrees, 1.3 degrees above normal; summer, 74 degrees, 1.8 degrees below normal; autumn, 56 degrees, 1 degree below normal, while the mean December temperature was 46 degrees, 9 degrees above normal and 10.1 degrees above the mean temperature of December of 1888. The total precipitation during the year was 62.35 inches, or 19.28 inches above normal. The number of days in which there was rain or snow was 166, the greatest monthly rainfall was 11.03 inches, in July, and the least .61 inches, in December. The prevailing direction of the wind was northwest, the highest velocity was 35 miles per hour, from the northwest, on April 26, and from the northeast on May 10; the mean velocity was 5.9 miles, and the total was 51.872 miles. The mean barometer was 30.06, same as normal; the highest 30.87, on February 24, and the lowest 29.22, on January 27.

MARYLAND MEDICAL JOURNAL

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BALTIMORE, JANUARY 25, 1890.

Editorial.

THE CURABILITY OF PHTHISIS.

There was a time when every case of pulmonary consumption was considered doomed; later clinicians have looked on the disease as not quite so hopeless, and have pointed to not a few actual cures, and now the pathologists help us along with their encouraging statistics by pointing out the number of cured cases of consumption which eventually die of other diseases. Dr. Thomas Harris (*British Medical Journal*, December 21, 1889), while pathological registrar at the Manchester Royal Infirmary, was struck with the large number of relics of former tuberculosis present in the bodies of persons dying of other diseases. Out of 139 cases he found in 54 signs of former active tuberculosis, that is 38.84 per cent. In noting the ages of these cases he found the greatest number of involuted tubercle were found in bodies between 40 and 50 years of age. In all these cases the cicatrix was at the apex. After discussing the macroscopic and microscopic nature of the cicatrices, he adds, in conclusion, that our clinical and pathological experience warrants us in recognizing three groups of cases which bear upon the question of the curability of phthisis.

1. Cases where the only remains of tuberculosis is fibrous tissue or completely calcified caseous foci. These are the only cases which can be regarded as perfectly healed.

2. Cases where there remains a caseous mass, which is not at all, or only partially calcified. Such cases are probably not uncommonly regarded by the physician as cases of healed phthisis, but by the pathologist they cannot be so considered. They are cases which may give rise to local or general tuberculosis. Probably many cases of phthisis, at one period of their history, come under this class, such cases being characterised by a history of a previous illness, due to a tubercular lesion in the lung, from which the patient has recovered and remained free from signs of disease for a longer or shorter period.

3. Cases which are characterised pathologically, by the formation of much fibrous tissue, but where, microscopically, all the elements of tubercle are to be found at the periphery of the lesion. Clinically, these cases present the usual features of a very chronic phthisis, but in some instances the lung change is so limited and so very slow in its progress, that the general health is very little affected, and the physical signs may be very indefinite, and not at all conclusive

as to the existence of phthisis. Not uncommonly the physical signs are considered to indicate that the tubercular process is quiescent, which is not the case. It is probable that the majority of cases of phthisis which have at one time presented distinct symptoms and physical signs, and at a later period have become apparently quiescent, really belong to this class. They are cases which are very misleading to the physician, since they cannot be regarded as perfectly cured, but only as quiescent for a period. If we had an opportunity of examining such lesions microscopically, at a time when, from clinical observation, we should infer they were quiescent, we should find that there were signs of activity at the periphery of the focus.

THE COMPLICATIONS OF THE RECENT EPIDEMIC OF INFLUENZA.

Whether from some as yet undiscovered organism, or from the remarkable meteorological conditions of the past few months, those usually well felt languid and unwell, while those actually ill had most of their symptoms aggravated to an alarming and even fatal degree. The ordinary colds, which were not actual influenza, seemed to be exaggerated, while every disease, and more especially those of the respiratory tract, was present in a magnified form. Thus it was noticed that many who escaped the genuine influenza were greatly depressed by slight colds and the subsequent weakness and lassitude was noticed by physician and layman alike.

The most dangerous complication, as all familiar with the history of the disease know, is pneumonia, and a glance at the mortality table of the city from January 1, 1890, as compared with previous years, shows a remarkable increase of deaths this year from pulmonary troubles.

The *Baltimore American* of last Monday, in reviewing the subject, says: "The number of deaths during the past week (286), was larger than during any week during the last year—the next highest number being 280 for the week ending July 6, 1889, during the cholera infantum season. One hundred and fifty seven deaths during the past four weeks were attributed to pneumonia, including sixty-eight for the week ending yesterday; from consumption of the lungs there were eighty-seven deaths during the four weeks, including forty for last week. There were one hundred and forty-four more deaths within the last week than during the corresponding week of last year. None of the deaths reported were attributed directly to influenza, although the number from pneumonia is very large. A table prepared by Secretary Carter shows that the number of deaths during the first three weeks of the year from consumption of the lungs, pneumonia and bronchitis have been greater during the past three weeks than within the corresponding period for four years. The number of deaths within that period from pneumonia was: First three weeks in January of 1887, 39; 1888, 58; 1889, 49; 1890, 133; consumption of the lungs, 1887, 65; 1888, 45; 1889, 75; 1890, 84; bronchitis, 1887, 11; 1888, 10; 1889, 16; 1890, 17."

At Paris, according to the *Bulletin Médical*, of Jan. 8, 1890, a city of about 2,000,000 inhabitants, or about four times as large as Baltimore, the number of deaths in the last week of December was 2,334, against 1,033 for the corres-

ponding week of 1888. The mortality was high among the aged, and just as here few died directly of the influenza. Pneumonia, broncho-pneumonia, acute and chronic bronchitis, and phthisis, claim the largest number. The conclusions of this article are that the death rate at Paris was greatly increased, and that all parts of the city and all classes of society were attacked alike. It not only attacked children, but was especially severe on male adults and those aged. The greatest mortality was due to diseases of the respiratory tract, especially to pneumonia, acute bronchitis and pulmonary congestion. It hastened the death of those with chronic troubles susceptible to pulmonary complications.

Again, the ear has not been free from trouble as a complication of influenza. In Boston, where the disease showed itself very strongly, Dr. E. D. Spear (*Boston Medical and Surgical Journal*, Jan. 16, 1890), writes that all forms of otitis media came under his notice, but yielded to simple treatment, after several days of great pain and deafness to the patient. Dr. Lœwenberg (*Bulletin Médical*, January 8, 1890), saw a large number of cases in Paris at a time when the influenza was at its height. He was struck with the great deafness, pain and severe otitis, which in a few days entirely ceased, often spotaneously, and sometimes after use of the Politzer air bag, warm boracic acid solutions instilled into the ear, and insufflations of boracic acid.

In this city the increase in the number of ear cases was noted by the specialists. Dr. Hiram Woods refers to cases of otitis media acuta, with perforation of the drum, to which more extended reference is made in another place. Dr. Herbert Harlan also reports a large increase of cases of acute otitis media occurring after influenza. In many cases it was very obstinate and painful, but simple remedies brought about recovery in most cases. It is of course due to a catarrh from the posterior pharynx and nares creeping into the Eustachian tubes and starting the mischief.

Fortunately, the whole trouble with its complications is yielding to a change in the climate, and many now living will not see a similar experience.

Correspondence.

THE EAR COMPLICATIONS OF INFLUENZA.

BALTIMORE, MD., JAN. 20, 1890.

Editor Maryland Medical Journal:

DEAR SIR:—In answer to your inquiry in regard to the ear complications of this epidemic of influenza, I would say that in private practice I have had 3 cases of suppurative "otitis media acuta," with perforation of the drum. Two occurred in children of 7 and 11, the third in a lady of 43. In all three the throat seemed to be the centre of the grippe's attack. After two or three days of "influenza," each patient had ear-ache of twenty-four hours duration, which was unrelieved by domestic remedies, followed soon (in 24 hours), by a discharge from the ear.

Cleanliness was the only remedy used in one case, and a saturated solution of boracic acid was added in the other two. By cleanliness, I mean syringing with warm water. All three have gotten well promptly, but the hearing is not yet fully restored. The clinical history of the cases did not differ from that of ordinary acute aural catarrh following pharyngitis. They got well more promptly than the ear diseases of measles or scarlet fever usually do.

I was asked by a medical friend last week for advice about his little baby four months old, who, the doctor said, has "a double otorrhœa from the grippe."

I was unable to go out at the time, and have not seen the child.

I have two old private patients with chronic otorrhœa, who have consulted me within a few days on account of "relapses" in the discharge. In both cases the otitis appeared after decided throat symptoms, which were the only signs of disease. I do not think it was the grippe.

My own opinion is that the only ear troubles caused by the "grippe" are those which are produced indirectly by extension to the drum cavities of pharyngeal inflammation, when the upper air passages are much affected. The same results from ordinary sore throat, and that of measles, etc.

Yours Truly,

HIRAM WOODS, JR., M. D.

525 N. Howard St.

THE TREATMENT OF CRIMINALS

SMITHSBURGH, WASHINGTON CO., MD., JAN. 15, 1890.

Editor Maryland Medical Journal:

DEAR SIR:—It is a fact known to special scientists and to penitentiary and jail officials that criminals breed criminals, and that punishment is not a successful prevention of crime. In view of this situation, would it not be proper to prevent the criminal rather than the crime? I offer the suggestion that the punishment for the first offence be made very severe—either a long term in the penitentiary, or a flogging, or both. I would suggest that this be supplemented by a clause that shall exempt the criminal from punishment if he can prove that he has been castrated after the offence has been committed.

E. TRACY BISHOP, M. D.

Ricord is said to have left memoirs of his life and professional career under the suggestive name of the "*Nineteenth Century Seen with the Speculum.*"

Reviews, Books and Pamphlets.

The National Medical Dictionary; including English, French, German, Italian and Latin Technical Terms used in Medicine and the Collateral Sciences, and a Series of Tables of Useful Data. By JOHN S. BILLINGS, A. M., M. D., LL. D. Edin. and Harv., D. C. L. OXON., Member of the National Academy of Sciences, Surgeon U. S. A., etc., etc. With the collaboration of W. O. Atwater, M. D., Frank Baker, M. D., S. M. Burnett, M. D., W. T. Councilman, M. D., James M. Flint, M. D., J. A. Kidder, M. D., William Lee, M. D., R. Lorini, M. D., Washington Matthews, M. D., C. S. Minot, M. D., H. C. Yarrow, M. D. In two volumes; Vol. I—A to J. Vol. II—K to Z. Philadelphia: Lea Brothers & Co., 1890. In two very handsome octavo volumes, containing 1574 pages, with colored plates. Per volume, cloth, $6.00; leather, $7.00; half Morocco, marbled edges, $8.50. For sale by subscription only.

This is a gigantic literary structure, and evidently a work requiring much patience and linguistic knowledge, thereby reflecting great credit on the editor-in-chief and the collaborators. As introductory to the dictionary proper is a table of doses of drugs, in both the metric and apothecaries' system. The table is remarkably complete, containing as it does the very newest drugs, the most dangerous (in dose) of which are marked with an exclamation point (!). Next comes a treatise on poisoning and antidotes, the importance of which is shown by its being crowded into almost every possible work that will admit it. Then follow the system of numbering spectacle glasses; the expectations of life, a table of relation of girth of chest to the height in men; the dimensions of parts and organs of the body and their weight; the dimensions and weights of the fœtus at different ages; comparative scales; graphic comparison of thermometric scales; tables of foods and dietaries, and a colored plate showing

the nutritive ingredients and refuse and amounts of potential energy in food materials. In order to give some idea of the magnitude of the work, it is only necessary to note that the total number of words and phrases defined is 84,844, of which 25,496 are Latin, 9,158 French, 16,708 German, and 6,514 Italian. This does not include French, German and Italian synonyms, given only in connection with English or Latin primes. The editor-in-chief, with a necessarily very extensive knowledge of medicine and the languages, has freely altered and amended the work of the collaborators, so that all errors of omission and commission are to be put on his broad shoulders. Such a work deserves a large sale, and every medical man who is inclined to literary work must of necessity feel greatly the need of such a book, especially since the modern languages play such an important rôle in medical literature. The outlay caused by the issue of such large works must fall heavily on the publishers, and uncertain as they must be of the result of their business enterprise, they deserve great credit for such an undertaking.

Woods' Medical and Surgical Monographs. Vol IV, No. 3, December, 1889. Contents: *A Practical Treatise on Baldness.* By GEORGE T. JACKSON, M. D. *The Sphere, Rights and Obligations of Medical Experts.* By JAMES J. O'Dea, M. D. *The Pathology and Treatment of Scarlet Fever.* By DR. H. VON ZIEMSSEN. *Pathology and Treatment of Ringworm.* By GEORGE THIN, M. D. *Notes on Dental Surgery.* By J. SMITH, M. D., LL. D. *On Sounding for Gall-Stones and the Extrusion of Gall-Stones by Digital Manipulation.* By DR. GEORGE HARLEY, F. R. S. New York: Wm. Wood & Co. Philadelphia. Published Monthly. $10,00 a year. Single copies $1,00.

This number contains a great many (six) articles, but with the exception of the second on medical experts, they are not of very superior merit. Dr. Jackson discusses the various kinds of baldness. He does not blame the stiff hat for the early baldness of youth. His remarks on the care of the hair and prevention of baldness are particularly good. Dr. Thin's article on ringworm shows nothing remarkable except one very good cut of the hair with the mycelium in it. Dr. O'Dea's monograph on medical experts is well worth reading by every physician, although it is written almost too much from the standpoint of the physician. He shows up clearly the egregiously foolish question which any lawyer can ask who imagines he can cram up a knowledge of medicine in ten minutes. The difference between certain definitions from a medical and from a legal point of view is clearly given. In view of the shifting and uncertain nature of certain parts of medicine, it is often impossible for a physician to give a categorical "yes" or "no" in reply to a lawyer's question. Physicians too are warned not to be too hasty in giving an opinion on the stand until they understand the question thoroughly, In view of the ignorance of most physicians as to how to act on the witness stand when an expert witness, too much attention to such articles as that one cannot be paid. The author is very clear in his opinion that expert testimony should always be paid for. Of the remaining articles, one would be of interest to dentists and the others do not seem to be of any extraordinary value,

A Handbook of Obstetrical Nursing for Nurses, Students and Mothers. By ANNA M. FULLERTON, M. D., Demonstrator of Obstetrics in the Woman's Medical College of Pennsylvania. Philadelphia: P. Blakiston, Son & Co., 1890. Pp. 214. Price $1.25

This is a very useful little book of reference for nurses especially, although physicians may well profit by the advice of one who has evidently been through most of the experiences narrated.

Diabetes Mellitus and Insipidus. By ANDREW H. SMITH, M. D., Professor

of Clinical Medicine and Therapeutics at the New York Post-Graduate Medical School and Hospital. Detroit: George S. Davis, 1889. [The Physician's Leisure Library.]

The principal value of this little brochure lies in the wide experience of the author. Nothing very new is stated but in the treatment the use of saccharin and antipyrin are quite fully discussed, and seem to have been successful in the author's hands.

Education and Culture as related to the Health and Diseases of Women. By ALEX. J. C. SKENE, M. D. Detroit: George S. Davis, 1889. [The Physician's Leisure Library.]

Dr. Skene has issued a very valuable little work on the care and education of young girls and women, and it bears the stamp of true conscientiousness, that no one interested in this important subject should fail to glean his ideas.

Insomnia and its Therapeutics. By A. W. MACFARLANE, M. D., Fellow of the Royal College of Physicians, Edinburgh, Fellow of the Royal Medical and Chirurgical Society of London, etc. London: H. K. Lewis, 136 Gower St., 1890. Pp. 366.

After an introductory chapter on the physiology of sleep, the author devotes the remainder of the book to a discussion of all the varied kinds of insomnia and their treatment. This he has done in a most thorough and readable manner. The subject is most thoroughly treated, and as a symptom which is overcome with so much difficulty, insomnia has not received too much attention. The treatment of insomnia has so often been fruitless in cases that the laity has always looked with distrust on any treatment for sleeplessness, not knowing that each case must be treated by itself.

Anæsthetics, Ancient and Modern; Their Physiological Action, Therapeutic Use and Mode of Administration; together with an Historical Resumé of the Introduction of Modern Anæsthetics—Nitrous Oxide, Ether, Chloroform and Cocaine; and also an Account of the more Celebrated Anæsthetics in Use from the Earliest Time to the Discovery of Nitrous Oxide. By GEORGE FOY, F. R. C. S., Fellow of the Royal Academy of Medicine in Ireland, etc. London: Baillière, Tindall and Cox, 1889; pp. 175.

This book is a reprint of a series of articles from the *Dublin Journal of the Medical Science.* Beginning with the earliest history of anæsthesia, the author reviews mesmerism, Braidism, and hypnotism, and then after quoting literary references in Shakespeare and elsewhere, the author takes up chloroform, ether, bromide of ethyl, cocaine, etc. Statistics as to the relative virtue of ether and chloroform are fully given, and full credit is given to the extensive experience of such men as Dr. Julian J. Chisolm, of Baltimore, and Dr. Hunter McGuire, of Richmond; it is to the latter that the book is dedicated. Excellent rules are given for the administration of anæsthetics and the book, containing as it does, full reference to the literature of anæsthesia is well worth a careful perusal.

A Text-Book of Human Anatomy, Systematic and Topographical, including the Embryology, Histology and Morphology of Man. With Special reference to the Requirements of Practical Surgery and Medicine. By ALEXANDER MACALISTER, M. A., M. D., F. R. S., etc., Professor of Anatomy in the University of Cambridge, and Fellow of St. John's College. With 816 illustrations. Philadelphia: P. Blakiston, Son & Co., 1889.

Treatises on anatomy are so numerous and the subject is one which changes so little that it is surprising how many such works appear and seem to thrive. This one, however, by Dr. Macalister, is apparently such an excellent work that it will soon find a permanent place. The author seems to be enthusiastic and a true lover of anatomy. Enough histology, embryology and comparative anatomy is given to give the student a foretaste of these parts of anatomy, but on the

whole the work is better suited for advanced students and teachers than for undergraduate students.

Diseases of Women and Abdominal Surgery. By LAWSON TAIT, F. R. C, S., Edin. and Eng LL. D., etc., etc. Vol. I. Philadelphia : Lea Brothers & Co. 1889, Pp. 534. 62 engravings and 3 plates. Vol. II *in press.* Price $3,00.

A Manual of Organic Materia Medica being a Guide to Materia Medica of the Vegetable and Animal Kingdom for the use of Students, Druggists, Pharmacists and Physicians. By JOHN M. MAISCH, Ph. M., Phar. D., Professor of Materia Medica and Botany in the Philadelphia College of Pharmacy. Fourth Edition with 259 illustrations. Philadelphia : Lea Bros. & Co. 1890. Pp. 539. Price $3.

This manual embraces the drugs of animal and vegetable origin recognized by the pharmacopœias of the United States and Great Britain supplemented by important non-officinal drugs, and by others recently introduced or reviewed, which seem to deserve attention. In the present edition the list of drugs is arranged according to origin, in which Bentham and Hooker's *"Genera Plantarum"* has been followed.

Transactions of the Association of American Physicians. Fourth Session, held at Washington, D, C., September 18 19 and 20, 1889. Volume IV, Philadelphia : Printed for the Association,

As last year, this volume is filled with valuable papers of exceptional worth and records the transactions of the best medical society in this country.

Transactions of the State Medical Society of Arkansas. Pine Bluff, 1889.

Annual Report of the Supervising Surgeon-General of the Marine-Hospital of the United States for the Fiscal year 1889. Washington: Government Printing Office. 1889.

The principal interest in this volume is in a full history of the yellow fever, chagres fever outbreaks in the South of this country in 1889, the quarantine appliances, the hygienic laboratory, Dr. Sternberg's inoculation experiments, also Dr. Domingos Freire's work, the yellow fever "germ" of Dr. Carmona Y Valle of Mexico and selected cases of especial interest.

The Physician's Hand Book for 1890. By ALBERT D. ELMER. New York: G. P. Putnam's Sons, 1890.

With the exception of a great deal too much printed matter in the beginning of this book, a fault with all such registers, it is an excellent book, with record blanks, many of them being superior to better known books of similar character.

On the Treatment of Diabetes with Free Phosphorus. By BALMANNO SQUIRE, M. B., London. London : J. & A. Churchill, 11 New Burlington Street. 1889.

A Digest of Twenty Years' Experience in the Treatment of Uterine Cancer, including 367 Operations, by Galvano-Cautery. By JOHN BYRNE, M. D., M. R. C. S. E., Surgeon-in-Chief to St. Mary's Maternity, etc., Brooklyn. Reprinted from *The Transactions of the American Gynæcological Society*, Vol. XIV, 1889.

Case of Tuberculotis Papillomatosa Cutis, with Remarks on the Relation of Papilloma to Syphilis, Lupus, etc. (Illustrated with Chromo-Lithographic Plates.) By Prince A. Morrow, A. M., M. D. Reprinted from the *Journal of Cutaneous and Genito-Urinary Diseases.*

Personal Observations of Leprosy in Mexico and the Sandwich Islands. By PRINCE A. MORROW, A. M., M. D. Reprinted from *New York Medical Journal.*

Higher Medical Education, and How to Secure it. The Annual Address before the Alumni Association of the

University of Maryland. By RICHARD H. LEWIS, of Raleigh, N. C.

The American Academy of Medicine. Thirteenth Annual Meeting, held at the Leland Hotel, Chicago, on Wednesday and Thursday, November 13 *and* 14, 1889. By LEARTUS CONNOR, of Detroit. Reprinted from *Journal of the American Medical Association.*

On the Clinical Use and Physiological Action of Bromo-Caffeine. By JOHN W. FAHR, M. D.

Sanitary Entombment; The Ideal Disposition of the Dead. By REV. CHAS. R. TREAT, Rector of the Church of the Archangel, New York City. Reprinted from *The Sanitarian.*

The Etiology of Puerperal Fever; its Direct Causative Factor. An Inaugural Dissertation before the Baltimore Academy of Medicine, delivered Oct. 15, 1889. By GEORGE W. MILTENBERGER, M. D. Published by the Academy.

Laws Regulating the Practice of Medicine in North Carolina.

Fourth Report of the Lunacy Commission to his Excellency the Governor of Maryland, Dec. 1, 1889.

No. I [*for* 1890], *of The Johns Hopkins Hospital Reports* is now ready. It contains papers on Fevers of Hepatic Origin, particularly the Intermittent Pyrexia associated with Gallstones, by William Osler, M. D.; some remarks on Anomalies of the Uvula, with special reference to Double Uvula, by John N. Mackenzie, M. D.; on Pyrodin, by H. A. Lafleur, M. D.; cases of Post-febrile Insanity, by Wm. Osler, M. D.; Acute Tuberculosis in an Infant of Four Months, by Harry Toulmin, M. D.; Rare Forms of Cardiac Thrombi, by William Osler, M. D.; Note on Endocarditis in Phthisis, by William Osler, M. D. Subscription $5 per yearly volume. Price of this number (I, 1890), 50 cts., to be remitted to the "Publication Agency of the Johns Hopkins University Baltimore, Md.

An Everted Crown. By RICHARD GRADY, M. D., D. D. S., Baltimore, Md. Reprinted from *Dental Cosmos.*

Among the new journals recently received are *The Medical Mirror*, I. N. Love, M. D., Editor, St. Louis, Mo.; *The Southern Medical Record*, Atlanta, Ga., much enlarged and with Drs. A. W. Griggs, W. P Nicolson, Frank O. Stockton and D. H. Howell as editors; *The St. Louis Medical Courier of Medicine*, formerly St. Louis Polyclinic; *Kansas Medical Catalogue*, Fort Scott, Kansas; *Journal of Balneology and Medical Clippings*, of New York City; and the *Dixie Doctor*, of Atlanta, Ga., T. H. Buzza, M. D., Editor.

The 8th yearly issue of the *International Medical Annual* (for 1890), is announced for early delivery. The Prospectus gives promise of excellencies surpassing all former editions. Its thirty-seven editors in the several departments are to give a summary of New Remedies alphabetically arranged; also a resumé of New Treatment, in Dictionary form, with references to the Medical literature of the world pertaining to the year's progress of Medicine.

Such a practical and helpful volume is of inestimable value to the medical profession. In one volume of about 600 octavo pages; $2.75, post free. E. B. Treat, publisher, 5 Cooper Union, New York.

P. Blakiston, Son & Co., 1012 Walnut St., Philadelphia, have published the following works: *Winckel's Obstetrics*, original illustrations; Lewis on *Mental Diseases;* Humphrey's *Manual for Nurses;* Obersteiner on *The Central Nervous System;* Ostrom on *Massage and the Original Swedish Movements*, illustrated. *Crookshank's History and*

Pathology of Vaccination; and Murrell on *Chronic Bronchitis and its Treatment.*

Scribner's Magazine for January, 1890.

Scribner's Magazine for 1890 promises to be unusually interesting. The number for January contains short and continued stories, poems and a practical article on "Electricity in the Household."

Another most useful system, on the same plan, controls the automatic regulation of temperature. How much discomfort and indisposition would be saved in many a household if the temperature were constantly maintained in every apartment at the desired point, both in summer and winter, independent of irregularities of the season! So far as concerns our winters this is quite within practicable limits, while in summer the temperature can always he moderated, if not actually kept uniform, by utilizing the controlling power of electricty. Thus in winter time, whether a house be warmed by water, hot air, or steam, it is only necessary to place in each room an automatic thermometer which makes a contact as soon as the temperature reaches the desired point, and to arrange that the contact so made shall electro-magnetically cut off the supply of heat from that chamber. The subsequent cooling of the room below the limiting temperature causes the thermometer to break the circuit and re-admit the heat, and it is only necessary to keep an abundant supply in reserve in order to obtain a practically equable temperature. Such a thermometer, generally called a thermostat, is made by riveting side by side two strips of different materials—generally brass and rubber—which expand differently at the same degree of heat.—From "Electricity in the Household," by A. E. Kennelly, in January *Scribner.*

Atlantic Monthly for January and February 1890.

Mrs. Deland's Serial, Dr. Holmes's "Over the Teacups," and the first installment of Mr. Frank Gaylord Cook's promised series of papers on "Forgotten Political Celebrities" make the *Atlantic* for January a number to be remembered. The scene of "Sidney," Mrs. Deland's novel, is laid in a manufacturing town, and introduces us to the hero and heroine,—in fact to the dramatis personæ of the story. It is evident that a moral problem will be proposed to the reader before it is ended.

Dr. Holmes writes about old age, He says, "There is one gratification an old author can afford a certain class of critics,—that, namely, of comparing him as he is with what he was. If the ablest of them will only write long enough, and keep on writing, there is no pop-gun that cannot reach him." He closes with verses to the eleven ladies who presented him with a silver loving-cup. The "Forgotten Celebrity" of Mr. Cook's initial paper is John Dickinson, the author of "Letters from a Farmer of Pennsylvania." Another political article, "The United States Pension Office," by Gaillard Hunt, contains some suggestions as to the reform of the present pension system.

The short story of the number is one of Miss Jewett's best New England dialect sketches, called "The Quest of Mr. Teaby." Agnes Repplier writes delightfully about "English Love-Songs," and gives a series of quotations to illustrate the subject. "A Precursor of Milton," a certain Avitus, Bishop of Vienne in the fifth century, forms also the subject of an interesting paper. Mr. Aldrich's "Echo Song," in a most unusual and graceful metre, and Miss Thomas's "Mens Sana," are lasting contributions to poetry.

Reviews and the Contributors' Club (which contains something for devotees of Browning) close as able a number as the *Atlantic* has ever had.

Mrs. Deland's serial, "Sidney" is a great attraction in the February *Atlantic.* This number gives us the fourth, fifth and sixth chapters. The story steadily develops in interest, and the strong scene with which this installment closes is in

the author's best manner. Dr. Holmes contributes the third of his papers, "Over the Teacups," and describes the people at his tea-table, and tells the curious dream which Number Five relates to her companions.

The Behring Sea Question is discussed by Charles B. Elliott; and Mr. K. Kaneko, the head of the Japanese commission which has been visiting various countries to compare their legislative assemblies, in order to establish a Japanese parliament, has a paper on "An Outline of the Japanese Constitution." The article which will arouse the most discussion is by Gen. Francis Walker, about Mr. Bellamy and the new Nationalist Party. There are four articles devoted to recent books on political and historical subjects. One of these, Mr. John T. Morse's "Recollections of Mississippi," under the apt title of "One of the Unreconstructed," is sure to excite a laugh.

"Between Two Worlds" is an unsigned article on the Moselle and its associations. but an acute guess would hit upon Harriet Waters Preston as its author. A review of Mr. Lowell on Izaak Walton, a notice of Browning, and poems by Mr. Woodberry and others, close the magazine as befits the high standard which it sets itself. Houghton, Mifflin & Co., Boston.

Magazine of Art for January and February, 1890. New York: Cassell & Co.. 35 cents per number, $3.50 a year.

Each number contains an etching, reproductions of well-known paintings, and full and comprehensive notes on the art news of the world.

The Cosmopolitan for January, 1890. New York; 25 cts. a number, $2.40 a year.

The Cosmopolitan for January contains Bougureau, Artist and Man, illustrated; Columbia College, illustrated; Famous Beauties, illustrated. The magazine is richly illustrated, and supported by the best talent, making it the cheapest illustrated magazine in the world. The great success of the magazine is shown in the enormous edition of 50,000 copies for January. If these numbers were put in a solid pile they would rise 1,666 feet in height, or 666 feet higher than the Eiffel Tower.

The Musical Courier. A weekly paper devoted to Music and the Music trades. $4.00 a year, single copies 10 cents. New York: 25 East 14th St.

The number received contains short articles, musical criticisms and notes of interest from the most musical cities. It is a very attractive paper.

The National Magazine for January announces two new and valuable departments—"Biblical Literature" and "Pedagogy"—with Rev. J. C. Quinn, Ph. D., and J. S. Mills, A. M., President of Western College, as editors. Agricultural readers will be especially interested in the new "Institute of Agriculture," described in this number—a part of the University Extension System of the National University of Chicago, whose non-resident or correspondence undergraduate and post-graduate courses have met with such favor. Other articles are by Prof. E. A. Birge, of the University of Wisconsin, and eminent specialists. Published at 147 Throop St., Chicago, Ill. Subscription, $1.00 per year. Sample copy, 10 cts. Three cash prizes of fifty dollars each for the best essays on "Our Common Schools," "Study of the Bible," "How to Keep Young Men on the Farm," are announced.

Miscellany.

INVITATION TO THE TENTH INTERNATIONAL MEDICAL CONGRESS.

In accordance with the decision of the Ninth Congress at Washington, the Tenth International Medical Congress will be held at Berlin from the 4th to the 9th of August, 1890.

By the delegates of the German Medical Faculties and the chief Medical

Societies of the German Empire, the undersigned have been appointed members of the General Committee of Organization. A Special Committee of Organization has also been appointed for each of the different sections, to arrange the scientific problems to be discussed at the meetings of the respective sections. An International Medical and Scientific Exhibition will also be held by the Congress.

We have the honor to inform you of the above decisions, and at the same time cordially to invite your attendance at the Congress. We should esteem it a favor if you would kindly extend this invitation to your friends in Medical circles, as way may offer.

We beg to accompany our invitation by a copy of the Statutes and Programme, as also by the list of the intended sections and their Special Committees of Organization.

President, Dr. Rudolph Virchow; *Vice Presidents*, Dr. von Bergmann, Dr. Leyden, Dr. Waldeyer; *General Secretary*, Dr. Lassar.

All communications must be directed to the General Secretary, Berlin NW., Karlstrasse 19.

TENTH INTERNATIONAL MEDICAL CONGRESS, BERLIN, 1890.

REGULATIONS AND PROGRAMME.

I. The Tenth International Medical Congress will be opened in Berlin on Monday, August 4th, 1890, and will be closed on Saturday, August 9th.

II. The Congress shall consist of legally qualified medical men who have inscribed themselves as Members, and have paid for their Card of Membership. Other men of science who interest themselves in the work of the Congress, may be admitted as Extraordinary Members.

Those who take part in the Congress shall pay a subscription of 20 Marks (one Pound stg. or $5.), on being enrolled as Members. For this sum they shall receive a copy of the Transactions, as soon as they appear. The enrolment shall take place at the beginning of the Congress. Gentlemen may, however, be enrolled as members by sending the amount of the subscription to the Treasurer* with their name, professional status and residence appended.

III. The object of the Congress is an exclusively scientific one.

IV. The work of the Congress will be discharged by eighteen different Sections. The members shall declare, upon enrolment, to which Section or Sections they intend more particularly to attach themselves.

V. The Committee of Organization shall, at the opening sitting of the Congress, suggest the Election of a definite Committee (or Bureau), which shall consist of a President, three Vice Presidents, and of a number—as yet undetermined—of Honorary Presidents and Secretaries.

At the first meeting of each Section a President and a certain number of Hon. Presidents shall be elected; these latter shall conduct the business of the Sections in turn with the Presidents.

On account of the different languages employed, a suitable number of Secretaries shall be chosen from among the foreign Members. The duties of the foreign Secretaries shall be confined to the sittings of the Congress.

After the termination of the Congress the editing of the Transactions shall be carried out by a Committee, specially appointed for this purpose.

VI. The Congress will assemble daily, either for a General Meeting or for the labors of the different Sections.

The General Meetings will be held between 11 and 2 o'clock. Three such meetings will take place.

The time for the sittings of the various sections will be fixed by the special committee of each section, it being understood, however, that no such sittings are to take place during the hours allotted to the General Meetings.

Joint sittings of two or more sections may be held, provided that the Bureau of the Congress can offer suitable rooms for such sittings.

VII. The general meetings shall be devoted to

*Treasurer's Address: Dr. M. Bartels, Berlin SW., Leipzigerstrasse 75. Please enclose a visiting card.

a, Transactions connected with the work and general management of the Congress.

b, Speeches and communications of general interest

VIII. Addresses in the general sittings, as well as in any extraordinary meetings which may be determined upon can only be given by those who have been specially requested by the Committee of Organization.

Proposals relative to the future management of the Congress must be announced to the Committee of Organization before July 1st, 1890. The Committee shall decide whether these proposals are suitable to be introduced for discussion.

IX. In the sittings of the sections, questions and problems will be discussed, which have been agreed upon by the special Committees of Organization. The communications of those appointed by the committee to report on a subject, shall form the basis of discussion. As far as time allows, other communications or proposals, proceeding from members and sanctioned by the Committee of Organization may also be introduced for discussion. The Bureau of each section decides as to the acceptance of such offered communications, and as to the order in which they shall come before the meeting, always provided that this point has not been already determined in the sitting itself by a decree of the section.

Scientific questions shall not be put to the vote.

X. Introductory addresses in the Sections must as a rule not exceed twenty minutes in length. In the discussions no more than ten minutes are allowed to each speaker.

XI. All addresses and papers in the general and sectional meetings must be handed over to the Secretaries, in writing, before the end of the sitting. The Editorial Committee shall decide whether —and to what extent—these written contributions shall be included in the printed Transactions of the Congress. The Members who have taken part in the discussions, will be requested to hand over to the Secretaries, before the end of the day, in writing, the substance of their remarks.

XII. The official languages of all the sittings shall be German, English and French. The Regulations, the Programme and the Agenda for the day will be printed in all three languages.

It will, however, be allowable to make use of other languages than the above for brief remarks, always provided that one of the Members present is ready to translate the gist of such remarks into one of the official languages.

XIII. The acting president shall conduct the business of each meeting according to the parliamentary rules generally accepted in deliberative assemblies.

XIV. Medical Students and other persons, ladies and gentlemen, who are not Physicians, but who take a special interest in the work of a particular sitting, may be invited by the President or be allowed to attend the sitting by special permission.

XV. Communications or enquiries regarding the business of separate sections, must be addressed to the managing members thereof. All other communications and enquiries must be directed to the General Secretary, Dr. Lassar, Berlin NW., 19 Karlstrasse.

Special Sections.—Committees of Organization.

(The names which appear in *italics* are those of the managing members.)

1. *Anatomy.*—Flemming, Kiel; Hasse, Breslau; *Hertwig*, Berlin W., Maasenstr. 34, His, Leipzig; v. Kölliker, Würzburg; Kupffer, München; Merkel, Göttingen; Schwalbe, Strassburg; Wiedersheim, Freiburg.

2. *Physiology and Physiological Chemistry.*—Bernstein, Halle; Biedermann, Jena; *du Bois-Reymond*, Berlin W., Neue Wilhelmstr. 15; Heidenhain, Breslau; Hensen, Kiel, Hüfner, Tübingen; Hoppe-Seyler, Strassburg; H. Munk, Berlin; Voit, München.

3. *General Pathology and Pathological Anatomy.*—Arnold, Heidelberg; Bollinger, München; Grawitz, Greifswald; Heller, Kiel; Ponfick, Breslau; v. Recklinghausen, Straussburg; *Vir-*

chow, Berlin W., Schellingstr. 10: Weigert, Frankfurt, a M.; Zenker, Erlangen.

4. *Pharmacology.*—Binz, Bonn; Böhm, Leipzig; Filehne, Breslau; Jaffé, Königsberg; *Liebreich*, Berlin NW., Dorotheen-Strasse 34 a; Marmé, Göttingen; Penzoldt, Erlangen; Schmiedeberg, Straussberg; Hugo Schulz, Greifswald.

5. *Internal Medicine.* — Biermer, Breslau; Gerhardt, Berlin; Leube, Würzburg; *Leyden*, Berlin W., Thiergarten-Strasse 14; Lichtheim, Königsberg; Liebermeister Tübingen; Mosler, Greifswald; Naunyn, Strassburg; v. Ziemssen, München.

6. *Diseases of Children.*—Baginsky, Berlin; *Henoch*, Berlin W., Bellevuestr. 8; Heubner, Leipzig; Kohts, Strassburg; Krabler, Greifswald; Ranke, München; Rehn, Frankfurt a M.; Soltmann, Breslau; Steffen, Stettin.

7. *Surgery.*—Bardeleben, Berlin; *v. Bergmann*, Berlin NW., Alexander Ufer 1; Czerny, Heidelberg; König, Göttingen; v. Lotzbeck, München; Schede, Hamburg; C. Thiersch, Leipzig; Trendelenburg, Bonn; Wagner, Königshütte.

8. *Obstetrics and Gynæcology.*—Fritsch, Breslau; Gusserow, Berlin; Hegar, Freiburg; Hofmeyer, Würzburg; Kaltenbach, Halle; Löhlein, Giessen; *Martin*, Berlin N. W., Moltkestr. 2; Olshausen, Berlin; Winckel, München.

9. *Neurology and Psychiatry.*—Binswanger, Jena; Emminghaus, Freiburg; Erb, Heidelberg; Flechsig, Leipzig; Fürstner, Heidelberg; Grashey, München; Hitzig, Halle; Jolly, Strassburg; *Laehr*, Berlin-Zehlendorf.

10. *Ophthalmology.*—O. Becker, Heidelberg; Eversbusch, Erlangen; v. Hippel, Giessen; Hirschberg, Berlin; Leber, Göttingen; Michel, Würzburg; Schmidt-Rimpler, Marburg; *Schweigger*, Berlin NW., Roonstr. 6; v. Zehender, Rostock.

11. — *Otology.*— Bezold, München; Bürkner, Göttingen; Kirchner, Würzburg: Kuhn, Strassburg; Kessel, Jena; *Lucae*, Berlin W., Lützowplatz 9; Magnus, Königsberg; Moos, Heidelberg; Trautmann, Berlin.

12. *Laryngology and Rhinology.*—Beschorner, Dresden; *B. Fränkel*, Berlin NW., Neustädtische Kirchstr. 12: Gottstein, Breslau; A. Hartmann Berlin; Jurasz, Heidelberg; H. Krause, Berlin; Michael, Hamburg; Schech, München · M. Schmidt, Frankfurt a. M.

13. *Dermatology and Syphilography.*—Caspary, Königsberg; Doutrelepont, Bonn; Köbner, Berlin; *Lassar*, Berlin NW., Carlstr. 19; Lesser, Leipzig; G. Lewin, Berlin; Neisser, Breslau; Unna, Hamburg; Wolff, Strassburg.

14. *Diseases of the Teeth.*—*Busch*, Berlin NW., Alexander-Ufer 6; Calais, Hamburg; Hesse, Leipzig; Fricke, Kiel; Holländer, Halle; Miller, Berlin, Partsch, Breslau; Sauer, Berlin; Weil; München.

15. *Hygiene.*—Flügge, Breslau; Gaffky, Giessen; Graf, Elberfeld; F. Hofmann, Leipzig; R. Koch, Berlin; Lehmann, Würzburg; *Pistor*, Berlin W., v. d., Heydstr. 13; Wolffhügel, Göttingen; Uffelmann, Rostock.

16. *Medical Geography and Climatology.* (History and Statistics.)—Abel, Stettin; Brock, Berlin; Dettweiler, Falkenstein; Falkenstein, Lichterfelde; Finkelnberg, Bonn; Guttstadt, Berlin; *A Hirsch*, Berlin W., Potsdamer Strasse 113; Lent, Köln; Wernich, Cöslin.

17. *State Medicine.*—Falk, Berlin; Günther, Dresden; v. Holder, Stuttgart; Knauff, Heidelberg; *Liman*, Berlin SW., Königgrätzer-Strasse 46 a; Schönfeld, Berlin; Schwarz, Köln; Skrzecka, Berlin; Ungar, Bonn.

18. *Military Hygiene.*— v. Coler, Berlin; v. Fichte, Stuttgart; Grasnick, Berlin; Grossheim, Berlin; *Krocker*, Berlin W., Magdeburger Platz 3; Mehlhausen, Berlin; Mohr, München; Roth, Dresden; Wenzel, Berlin.

For several weeks past there has been a delay in the issue of the JOURNAL, owing to a defect in the press machinery. This has been fully repaired, and it is hoped now the JOURNAL will hereafter reach city subscribers on Saturday.

Dr. J. D. Iglehart has removed from 322 West Biddle St. to 1214 Linden Avenue.

Original Articles.

THE INSPECTION OF MEAT AND MILK WITH SPECIAL REFERENCE TO TUBERCULOSIS.*

BY MR. A. W. CLEMENT, V. S.,
OF BALTIMORE.

The subject of preventive medicine is one of such vast and growing importance to the public, that some action by the veterinary profession in Maryland, as represented by this the State Veterinary Society, seems advisable; and as all that can be done, with the resources at our command, has perhaps been accomplished, the present is thought to be a fitting time for the presentation of a few facts. Whatever the public finds necessary for its comfort and well-being it is very apt to have, provided that it is convinced of the necessity, and provided that the cost is not out of proportion to the benefits to be derived. Our subject involves questions undoubtedly complicated, and those which should be thoroughly discussed. As members of the veterinary profession, it is our right and privilege to advise the public upon questions of public health which are, beyond doubt, connected with the consumption of meat and milk, and the association of man and animals.

That certain infectious diseases are common to both man and animals is well known to the practitioners both of human and of veterinary medicine. It is also known that the only possible chance of infection in certain diseases is through the consumption of meat which harbors the infecting principle; and that in many other diseases the flesh and milk of animals used for food, while not the only source of infection, yet play an important part in the propagation thereof.

Now, if our opinion is to have any weight it must, above all, be candid. To alarm the public by an exaggeration of facts would not only be wrong, but would not further our purposes. To tell them that by the appointment of one or two veterinarians as inspectors of the meat supply they can have absolute, or anything like absolute, protection against the dangers of infection, would be but deception for the moment. To tell them, moreover, that the meat which they eat and the milk which they drink is in the majority of instances likely to convey infection, would be a gross exaggeration of the facts. Nevertheless, we who come in contact daily with the cattle slaughtered for the city market, know that much of the meat offered for sale is a quite possible source of disease, and one which can, to a greater or less extent, be avoided.

A disease which costs more lives by far than any other, is tuberculosis, or what is commonly called consumption. One person in every seven born into the world dies of this disease, and probably one-third of the autopsies made upon persons dying from different diseases, including tuberculosis, will present lesions of this disease, either active or healed. It is a disease confined to no particular class of persons and bounded by no geographical limits. It is common to a greater number of species of animals than is any other disease known to medicine. In fact, it is quite probable that no species of animal living is absolutely immune or proof against its attack.

Certain conditions of life, such as domestication in the lower animals, and the crowding together, and lack of sanitary precautions in the human species, undoubtedly favor its development. How often, however, do we see those comfortably housed and surrounded by all that wealth can procure, fall victims to its attack. How often, in our own profession, do we see registered cows, so highly valued by their owners, surrounded by all the comforts possible, kept in stables where the sanitary arrangements are well-nigh perfect, or allowed, in suitable weather, to graze upon the finest pastures—how often, I say, do we see such animals gradually lose in flesh and in the flow of milk, until they finally die, or become so valueless as to pass from the rich man's stable

*Read at a Special Meeting of the Maryland State Veterinary Medical Society, January 23, 1890.

to the shed of one who is, to a great extent, dependent upon his cow to give him milk upon which to rear his family. In many other cases a cow with like history goes to form one of a number of similar animals constituting the dairy, which supplies what purports to be pure milk to its customers. Then, too often, after she has been milked until from the steady advance of the disease she ceases to produce enough to pay her keeping, the glue factory is cheated, at the expense of the citizens who buy her in small pieces at the stalls in our market places. Of course this is not first class meat, but it forms a very considerable proportion of the meat from which sausages are made.

We know, moreover, that tuberculosis does not always produce such extreme emaciation in cattle as in the cases above cited. How often do we see cattle slaughtered, the lungs and glands of which are filled with "boils," to use the expression common among the butchers, but whose flesh is quite up to the standard, so far as appearances are concerned, at any rate. Yet is not the flesh as apt to contain the virus in the one case as in the other? I am well aware that the flesh may not contain the virus to any appreciable extent in either case, and that, moreover, if it does, the process of cooking and the healthy condition of the digestive apparatus in the consumer may render it inert; yet it has not been proven that infection may not take place by consumption of such meat, and many of our best authorities are of the opinion that it can and does. The exact behavior of the tubercle bacilli under the conditions ordinarily present in the process of cooking has not yet been determined. To raise, in this process, the meat to a temperature necessary to make sure that all the organisms are killed, would involve a hardship, to say the least, to those of us who like our beef rare and juicy. I imagine that most of us, if we had our choice, would prefer to take our chances of infection that we might have our beef a little underdone.

It is not my purpose here to discuss the etiology of tuberculosis, but to assume beyond all doubt that it is due to a micro-organism known as the tubercle bacillus, first described by Koch in 1882. His work was so complete that no one has yet been able to add to it anything of importance. It was a discovery which has taken such a hold upon the minds of the medical profession, that he who disbelieves it to-day is one who will not change his opinion, or one who is unacquainted with the present methods of investigating infectious diseases. I will not detain you with a description of the organism, further than to say that it is a bacillus, or rod-shaped object, about one-third as long as the diameter of a red blood corpuscle, and about one-tenth as broad as it is long. It has the property of resisting the action of acids in specimens stained with aniline colors, which serves to distinguish it from other organisms. It grows slowly and only in certain media, preferably blood-serum and glycerine agar. These organisms are found in all the tissues in which the lesions are present and in the fluid from the affected parts. The organism is the same, no matter what species of animal it may affect.

If a piece of tissue from man, containing the organism, be inocu lated into an animal, the chances of infection are in proportion to the susceptibility of the animal inoculated. If the same lesions are to be found in man and animals, if the progress of the disease is the same in both individuals, and if the same organism is found in each, can any one doubt the identity of the disease in man and animals?

As I said in the beginning of this paper, the disease is the greatest scourge with which we have to deal. None of the so-called highly infectious diseases, such as cholera, yellow fever, small-pox, can compare in mortality with it.

In Paris in the year 1884, a year taken at random, out of 56,790 deaths, about 15,000 persons died from tuberculosis, that is, a little over one fourth of the deaths were from this disease. In Baltimore, for the year 1888–1889, the total deaths were 8,703, of which number 1,147 were due to tuberculosis. In New York City, for

the year 1888–1889, there were 5,913 deaths from this disease. These data give only the mortality from tuberculosis, and doubtless chiefly pulmonary tuberculosis. There is reason to believe that many deaths from tuberculosis affecting the joints, bones, lymph-glands, serous membranes and still other parts than the lungs do not appear in proper proportion in these reports of death rates. Moreover, a large number affected with tuberculosis recover.

The percentage of deaths in animals from this disease it is, of course, impossible at present to obtain. There are, however, some statistics with regard to the proportion of animals affected with tuberculosis as found at abattoirs and slaughter-houses, and, though of course less reliable, from ante-mortem diagnoses. In the report of the proceedings of the last International Veterinary Congress, the following statistics are given : From the abattoir at Brussels for 1889, the percentage of tuberculous animals is given as follows : 1.2 per thousand for steers ; 1.9 per thousand for bulls; 19.9 per thousand for cows , 0.1 per thousand for calves. In Amsterdam, out of 13,207 cattle, 268 were tuberculous—2 per cent. Out of 15,827 hogs, 63 were tuberculous, 0.4 per cent. At Utrecht, where no abattoir exists, the percentage of cases observed is placed at 0.24 per cent (8 out of 3,250 cattle). In Saxony, according to Siedamgrotzky, the general proportion would be 2 per cent, but in certain cities where the inspection and the abattoir are imposed, the percentage is much higher—16.6 per cent. at Frankenburg, 17 per cent. at Penig, 19.9 at Döbeln, 22.4 per cent. at Zittau. Tuberculosis is frequently observed in calves. In the Argentine Republic, the proportion of tuberculous cattle is reported as from 10 to 15 per cent. for those imported into the country, as against 0.5 per cent. for natives. According to Liautard, the proportion of tuberculous cattle in the United States is from 25 to 30 per cent. In Copenhagen, for the past year, the general statistics give a proportion of 6 per cent.; it is much higher for cows, being 16 per cent. At the abattoir of Montauban, the proportion is given as 6 for one thousand. In Russia, the disease unknown among the animals indigenous to the south is very frequent in the north, especially among those imported and those kept in stables; it sometimes runs as high as 50 per cent. In the abattoir at Bucharest, the proportion is sometimes as high as 30 in 100.

At the Berlin abattoir, which probably furnishes the most trustworthy statistics in existence, the official report* for the year 1887–1888 show that a total of 924,815 animals were killed. "The entire carcass was condemned as unfit for human food in 5,783 cases, the cause of seizure being shown in the following table:

Disease.	Number of animals.
General tuberculosis	2,435
Caseous pneumonia	14
Peritonitis	6
Dropsy	298
Scrofula	1
Ruptured Stomach	5
Jaundice	84
Loathsome character of the flesh	131
Bloody " "	36
Rothlauf	399
Trichinosis	311
Tapeworm hydatids	1,926
Echinococci	1
Actinomycosis	69
Calcareous concretions	67

Besides these cases of total seizure single organs and parts were condemned from 23,297 cattle, 9 calves, 9,051 sheep, 19,459 pigs. There were also withdrawn, from consumption 2,727 unborn but nearly developed calves, 7,993 calves in less advanced state of development, and 157 animals that had died. Tuberculosis was detected in 4,300 cattle, 8 calves and 6,393 pigs, and on account of that disease the entire carcasses of 985 cattle, 8 calves and 1,442 pigs were condemned, while 8,322 organs or parts were withheld from consumption. The actinomyces in the muscles led to the seizure of 69 pigs, and 67 in addition were condemned for calcareous concretions. In the cases of partial seizure, the

*Adam's Wochenschrift, No. 6, February, 1889.

following parts and organs were condemned: for the presence of echinococcus, the lungs of 5,128 cattle, 3 calves, 3,348 sheep and 3,681 pigs; and the livers of 1,887 cattle, 2,436 sheep and 4,715 pigs. The presence of the liver fluke led to the condemnation of the livers of 2,108 cattle, 2 calves, 2,212 sheep and 137 pigs. The presence of thread worms led to the withdrawal of the lungs of 788 sheep and 3,237 pigs. No fewer than 249 persons are engaged in connection with the meat inspection of the city Berlin."

In the quarantine limits around Baltimore, that is, for a distance of six miles from the City Hall, an accurate account is kept of the cows slaughtered. Dr. G. C. Faville, at the head of the United States Government Inspection Service in Maryland, furnishes me with the following statistics. From November 1st, 1888, to November 1st, 1889, post-mortems were made on 5,297 cows, showing 159 cases of tuberculosis, which is a little over 3 per cent. The above data refer chiefly to pulmonary tuberculosis. In those cows dying within the quarantine limits around Baltimore, upon which a careful autopsy can be held, tuberculosis is sometimes seen confined to organs other than the lungs, so that the percentage should really be higher.

The percentage of tuberculous cattle in which the tubercle bacillus has been demonstrated in the milk, is, according to Bollinger, as follows:

In a lot of cows affected with extensive tuberculosis 80 per cent. showed infection of the milk. In a lot with moderate tuberculosis 66 per cent. showed infection of the milk. In a lot with slight tuberculosis 33 per cent. showed infection of the milk. Drs. Ernst and Peters, in some valuable experiments made at the experimental farm near Boston, fed 13 calves and 7 pigs, healthy at the beginning of the experiment, on the milk of 18 tuberculous cows, taken from ten different herds, representing eight towns, all within a radius of twenty-five miles from Boston, except in one instance where a cow came from Newport, R. I. The feeding was continued for a period of from three to six months. At the end of this time they were killed and the post-mortem examination showed that six of the calves and two of the pigs were tuberculous. Nine of the eighteen cows were killed, and the diagnosis verified by post-mortem examination. Tubercle bacilli were found in the milk of six of these cows. These experimenters have proven that the milk of tuberculous cows may convey infection when the udder is free from any tuberculous disease. Dr. Peters informs me by letter that he has visited several herds in the state of Massachusetts and found the disease in from 1 to 100 per cent. of the animals. The same gentleman has published a report of a case which came under his observation, where a pet dog became infected from eating the sputum of its tuberculous mistress.

Prof. Peuch publishes an interesting note* on the contagion of tuberculosis. His experiments are as follows.

"I. By the unboiled milk. (1.) A pig two months old was fed for a period of five days with the milk of a cow affected with extensive tuberculosis. The autopsy on this cow established the existence of tuberculous lesions in the mammæ. At the end of 56 days the pig was killed, when it presented no lesions referable to tuberculosis. (2.) Four rabbits received by injections into the abdominal cavity the milk from a cow extensively tuberculous, in doses of ten, twenty and thirty grammes, during a period of five days. All these rabbits became tuberculous. The extension and the multiplication of the lesions was directly proportional to the quantity of milk inoculated.

"II. Contagion by the uncooked meat. (1.) Two pigs, two months and a half old, were fed during a period of ten days, each five and a half kilogrammes of uncooked meat, taken from the cow above cited. This meat was entirely consumed. One of the pigs, killed at the end of seventy days, presented some tuberculous granulations in a ganglion

*Revue Véterinaire, Decembre, 1888.

under the tongue and in a mesenteric ganglion, as well as in the liver. The other showed granulations in the mesenteric ganglia. (2.) Three rabbits received a hypodermic injection, each two-tenths of a cubic centimetre, of juice taken from the meat of the same animal from which the pigs were fed. These three rabbits presented, at the autopsy, some very pronounced tuberculous lesions.

"III. Contagion by the juice of the flesh of a capon dead from tuberculosis. The muscle of this capon being pressed furnishes a red juice which is inoculated into three rabbits in doses of one, two and three cubic centimetres. Killed at the end of sixty, eighty-three and one hundred and twenty days. All of these rabbits presented, at the autopsy, numerous lesions of tuberculosis.

"These experiments tend to prove:

"1. That the milk coming from tuberculous cows is virulent.

"2. That the juice from tuberculous meat is also virulent.

"3. That the virulence of these products is less pronounced by gastric ingestion than by subcutaneous inoculation.

"4. That the effects of this virulence are correlative to the quantity of matter inoculated."

In a review published in the *Revue dé Médecine Vétérinaire* July 15; 1889, the following summary of recent views appears:

"Before becoming a general malady, tuberculosis is a local disease limited to the entrance which corresponds to the territory of invasion and of the primary development of the specific bacilli.

"A primary generalization from the beginning can only be produced experimentally by the introduction of the bacilli into the circulatory system. Practically the generalization of the malady is always secondary, since, according to Weigert, it is only observed in those individuals affected by the disease where a soft focus has opened into a blood vessel or thoracic duct.

"From a hygienic point of view, it does not concern us to know whether the tuberculosis is local or general, but whether the meat of animals affected with tuberculosis may or may not be admitted for consumption. This question has been treated and discussed at the Congress for the study of tuberculosis in 1888. The great majority of the members of this Congress were in favor of the rejection of this meat for human consumption in all cases of tuberculosis.

"At the same time Bollinger has never been able to transmit tuberculosis by injection into the peritoneum, of the juice of the muscle flesh taken from 12 tuberculous cows.

"M. Nocard, experimenting with the juice of the flesh of twenty-one cows affected with extensive tuberculosis, was able to transmit the disease to a Guinea pig in only one case.

"MM. Toussaint, Chauveau, Arloing, H. Martin, Vallin, Peuch and Galtier, on the other hand, have reported several experiments where the muscle juice has shown itself to be highly virulent.

"MM. Gratia and Liénaux bring forward, in their turn, a series of experiments to clear up this question of the virulence of tuberculous meat. In their hands, the muscle juice from a man attacked with general tuberculosis, showed itself virulent in both cases in two inoculations practised on Guinea pigs, while that from the juice of a tuberculous cow, gave them, under similar circumstances, a negative result.

"The experiments of MM. Liénaux and Gratia have been neither numerous enough nor varied enough to permit these authors to draw conclusions, and they themselves propose to extend them.

"In the present stage of the question, it is demonstrated that the juice of tuberculous meat may be sometimes virulent, if it is not always so. Now, from a hygienic point of view, there is danger in allowing the consumption of this meat, whether or not it has been proven to be virulent. In as much as it is not possible to separate definitely those which are from those which are not virulent, one will do well to consider all as dangerous, and for this reason to reject them for human consumption. The public will not be compromised for that, and there will be fewer cases of tuberculosis. In our opinion, the tuberculosis Congress

has deliberated wisely in expressing the opinion that the meat of tuberculous animals should be rejected for human food*."

Since this publication it has been proven under Bollinger's direction that the muscular tissue from human beings affected with pulmonary tuberculosis may convey tuberculous infection to inoculated animals.

We might go on citing experiments, but I think that enough has been presented to show that there is danger from the consumption of meat, and that there is much more danger, especially to the young, from the consumption of milk from tuberculous animals. I wish now to call your attention to some conclusions which have been reached by the International Veterinary Congress and the United States Veterinary Medical Association, also to offer a few suggestions of my own with regard to the better control of the milk supply, and perhaps the meat supply, of Baltimore, and to put in a claim on the part of the veterinary profession for representation at no distant time on the City and State Boards of Health.

At the meeting of the International Veterinary Congress held at Paris in September, 1889, under the presidence of M. Chauveau, after thorough discussion of the question of meat inspection, the following conclusions were reached:

"1. The consumption by men and animals of meat from tuberculous animals should be prohibited, whatever may be the extent of the tuberculosis, and whatever may be the apparent quality of the meat.

"2. The proprietor should be indemnified if the animals seized are cattle or hogs.

"3. It should be possible to place meat for sale only after it has been recommended as healthy by a veterinary inspection service.

"4. The suppression of private slaughter houses is recommended, and their replacement by public abattoirs.

"5. The veterinary inspection of the animals intended for slaughter should be made before and after death.

*Annales de Belgique, Decembre, 1888.

"6. It is not necessary that a municipal decree should designate the causes which should influence the seizure of the meat.

"7. The introduction of foreign meats into the community without a previous practical examination by the veterinary inspector, or under his control, should not be allowed.

"8. All meats should be stamped before leaving the abattoir, including those which are destined for the soldiers."

At the Twenty-sixth annual meeting of the United States Veterinary Medical Association held at Brooklyn, N. Y., September 17th, 1889, the following resolutions were unanimously passed:

"*Whereas*, We, the members of the United States Veterinary Medical Association, being sensible of the prevalence of bovine tuberculosis in the United States, particularly in the dairy stock of the Eastern States, it being computed that at least from 10 to 15 per cent. are so affected in one form or another, and being satisfied of its infectious and contagious character and of its identity with tuberculosis, or consumption in the human family, and that it can be conveyed to others both by inoculation and ingestion, believing that a large percentage of this disease in mankind can be traced to this source;

"*Resolved*, That we strongly condemn the use of the milk or flesh of animals so affected in any form, as an article of diet.

"2. *Resolved*, That this Association urgently protests against the employment of empirics as meat or dairy inspectors; that such duties should be confined to duly qualified veterinarians having a comprehensive knowledge of comparative pathology.

"3. *Resolved*, That the inspection of meat can be properly conducted only at the abattoirs.

"4. *Resolved*, That all dairies should be periodically visited, the cows carefully examined and their condition reported upon to the local authorities.

"5. *Resolved*, That a committee of three be appointed by the Chair to place these resolutions before the Secretary of Agriculture, so that national measures may be adopted by which this disease

can be placed under the same category as contagious pleuro-pneumonia, and to be similiarly dealt with."

Now, it is probable that no such com plete system of inspection as is carried out in some European cities can be inaugurated in this country, at least at the present time. Nevertheless, some parts and modifications of that system should be adopted. If the meat supply is to be controlled, however, the inspection must be made before and after death, and the killing must be witnessed, to determine the existence or absence of disease. It is impossible to tell by simply looking at a piece of meat whether it is healthy or diseased. Or at any rate this could not be done without such time and appliances as would render the inspection impracticable. When we see professional men, and men of prominence too, go into court and swear that a certain piece of meat is unfit for food; and as many more of equal prominence swear in the opposite direction, as was the case reported a short time since in Scotland, we feel that considerable responsibility rests upon the expert, who wishes to do his duty to the public, and who does not desire to bring reproach upon his profession. Of course there are certain cases in which a piece of meat can be pronounced unfit for human food, as for instance, where tuberculous nodules are present, or in certain parasitic diseases, such as the larval state of the human tapeworm.

To make inspection anything like a guarantee of safety and to do this at a reasonable expense to the community, centralization of the slaughtering is absolutely necessary. Any other method of killing is a disgrace to the city. Many of our slaughter-houses are in as unsanitary a condition as they can well be. If the city of Baltimore would compel the butchers to kill at some central abattoir, or at most in two abattoirs, half the difficulty of inspection would be overcome.

Tuberculosis is not by any means the only disease which may be transmitted to the human family through the meat supply. Lack of time, however, prevents me from more than touching upon some of them. Actinomycosis, a tumor-like affection found upon the jaws of cattle and sometimes in the throat, lungs and tissues, often met with in the muscles of hogs on microscopic examination, is seen also occasionally in man. The infectious nature of this disease has been proven, as well as its identity in men and animals.

Trichinosis is a parasitic disease more or less common in pigs where the worm, of microscopic dimensions, is found curled up in the muscle. If not thoroughly cooked, the pork which contains trichinæ is liable to affect the person who eats it.

Tapeworm, a very common disease, can only be produced by the ingestion of partially cooked beef and pork, which harbors it in its immature form. Of 1,037 hogs examined in Montreal by Dr. Osler and myself, 76 were infested with the cysticercus cellulosæ, or immature form of the tænia solium, one of the most common tapeworms found in man. Circulars sent at this time to the physicians of the city revealed the fact that at that time no less than 200 persons were sueffring from this disease.

Whatever may be the difference of opinion as to the probability of infection by the meat supply, no such difference of opinion exists as to the milk supply. Tubercle bacilli have been demonstrated in the milk from tuberculous cows, even when there were no lesions in the udder. Such milk is no doubt to blame for much of the tuberculosis seen in young children. Many diseases in children other than tuberculosis are oftentimes referable to milk. To control the milk supply, the cows from which it comes must be under some sort of supervision. Just how to do it with the best guarantee of safety, and with the least expense, is a matter to be determined upon. Perhaps some such system as the licensing of the dairies would solve the matter. Whatever may be determined upon, it is certain that this question must sooner or later demand the considerate attention of the public.

From the fact that the public is so much dependent upon the health of the animals which supply it with food and

milk, for its comfort and well-being, should not the veterinary profession be accorded representation in both the City and State Boards of Health?

Much that pertains to the proper sanitary inspection of milk and of meat requires the special knowledge and training of the veterinarian. This is recognized in those European cities which possess the most enlightened and efficient Boards of Health. If those in authority, and the public generally, will inform themselves thoroughly concerning the sources of danger to public health, some of which have been pointed out in this paper, they cannot fail to be convinced of the necessity of taking suitable action to guard against these dangers.

411 St. Paul Street.

NOTES ON PUERPERAL ECLAMPSIA WITH REPORT OF FOUR CASES.*

BY L. E. NEALE, M. D.

My object in writing these notes is first to report these cases of which I have preserved a brief record, and secondly to keep fresh in your minds some of the essential points in the consideration of the nature and treatment of this dreadful disease.

The subject of the puerperal eclampsia has already been so thoroughly presented before our own and other medical societies, that I shall here make but the simplest and briefest statements, my object being that interest shall centre rather in the discussion than in the paper.

Inbrief, then, I have been taught that "eclampsia puerperalis is an acute affection of the motor function of the nervous system, characterized by loss of consciousness and sensibility, by tonic and clonic spasms," occurring in a pregnant, parturient or puerperal woman.

2. That it differs from epilepsy (1) by its clinical history, eclampsia being an acute and sudden disease; (2) by the existence or very recent occurrence of pregnancy, and (3) by the absence of the aura or cry that usually precedes epileptic convulsions.

3. That the disease is essentially dependent upon an exaggerated irritability of the central nervous system due to physiological conditions inherent to pregnancy and puerpery.

4. That the pathological seat of the disease is in the gray matter of the medulla oblongata or fourth ventricle of the brain.

5. That in this condition of exaggerated irritability of the central nervous system due to pregnancy, the physiological equipoise or normal functioning of these nerve centres may be interrupted or totally destroyed by the influence of additional irritants working either directly upon them as centric causes or indirectly (*ex. gr.* through the kidneys) as eccentric causes of eclampsia.

6. That the essential mode of expression of the disease is therefore exaggerated muscular incoördination or uncontrolable muscular spasms.

7. That of all the many and various exciting causes of eclampsia, "renal insufficiency" from kidney disease, and the consequent retention in the system in some form or other of those substances that should be eliminated by these organs, stands thus far demonstrated to be the most frequent and therefore first in clinical importance.

So have I been taught, and I believe these postulates represent the best faith of the profession to-day upon the true nature of puerperal eclampsia. Recent experiments tending to prove the etiological factor of eclampsia to be a microbe (Blanc), or an organic poison (Bouchard), or a decomposition product like a ptomaine (Battlehuer), although extremely interesting and pregnant with suggestions of the greatest clinical importance regarding the aseptic management of obstetrical patients, have thus far not invalidated the strength of the above postulates and as yet remain "unproven." Discuss these questions however as we may, the most important part for us as practitioners seems to be the treatment

*Read before the Clinical Society of Maryland, Jan. 17th, 1890.

of the disease. Fortunately a rare disease, occurring, in general terms, about once in five hundred cases, with a maternal mortality ranging from nearly forty to eleven per cent.; we believe that with appropriate treatment timely applied these figures may be reduced, and it is to illustrate this point that I report the following two cases:

Case 1. *Eclampsia at 7½ Months—Accouchement forcé—Child and Mother Saved.*—Mrs. "E.," white, 26 yrs., IV para. First three pregnancies occurred in close succession and terminated in abortion about the third month. Cause unknown. Last menstruation began Nov. 18th, 1888. In June, 1889, she observed œdema over entire body and experienced severe headaches, disturbance of vision, nausea, vomiting &c. July 2d, 1889, made a short trip by boat from country to city residence, and shortly after arrival had severe headache, amaurosis, vomiting and one convulsion about 7 A. M. Chloral and bromide were administered by a neighboring physician. Another convulsion at 4 P. M. Hasty examination of urine showed numerous granular casts and albumen in such amount that urine could scarcely flow from test tube after boiling. Sp. gr. 1054. Patient markedly œdematous, complexion waxy, respiration stertorous, pulse 120, temperature normal, stupefied and somnolent, but still conscious. At 7 P. M. after consultation, chloroform was administered, the os manually dilated, and a puny 7½ month fœtus turned and extracted. Accouchement forcé.

The dilatation required nearly one hour and postpartum hemorrhage occurred. An antiseptic intra-uterine douche was administered and half an ounce of infusion of digitalis every four hours, and twenty grains of bromide of potash every four hours alternately, were ordered. At 11 P. M. a third convulsion occurred.

Gave one drachm of chloral per rectum. On the following day patient was much improved, but had a fourth convulsion at 7 P. M., which was the last she experienced. Under Rochelle's salts, two drachms every four hours, and infusion of digitalis, half an ounce every four hours alternately, the œdema rapidly subsided and the patient markedly improved in every respect, save the amaurosis.

Within forty-eight hours after delivery, there was only a trace of albumen in the urine, and but very few casts; the sp. gr. being 1020 and the quantity normal.

The salines were continued at intervals for nearly a week, and the infusion of digitalis and the tincture of chloride of iron were given three times daily alternately.

Sight slowly returned, but is even now indistinct and blurred for fine sewing and reading; in other respects both mother and child are quite well.

Case II.—(Consultation). Mrs. D., white, 25 years, III para. Seven months advanced in normal (?) pregnancy. On July 6th, 1889, complained of headache, and upon returning to her room after dinner was suddenly seized with convulsions, six attacks occurring in rapid succession.

Found patient in coma, vital signs favorable, no marked œdema. Drew off one ounce of urine, which was found to contain albumen and casts.

Manually dilated, turned and extracted a 7 month healthy fœtus. Accouchement forcé.

Two convulsions followed delivery. Chloroform, chloral and morphine hypodermically were used as nerve sedatives in immediate treatment of convulsions, and patient was subsequently given Rochelle's salts, infusion of digitalis, followed by tinct. ferri. chlor., as in former case.

Temporary diminution of urine very soon disappeared under this treatment, and in 48 hours after delivery urine contained neither albumen nor casts. Patient rapidly recovered, and from last accounts mother and child were both well.

The result in these two cases certainly seems to justify the means employed and I believe contrast very favorably, even with the possibilities of the expectant plan of treatment. Where the convulsions rapidly recur, or are accompanied by albuminuria, tube casts, renal insuffi-

ciency, œdema, or other evidence of advanced kidney disease, no matter what be the period of pregnancy, if the woman's condition be such as to justify any operative interference, I believe the plan of treatment illustrated in these two cases to be the best. Unfortunately, however, it is not always so favorable in its results, especially in those cases where marked kidney disease precedes the onset of eclampsia, or where eclampsia is accompanied by urinary suppression. The two following cases illustrate this point.

Case III.—Mrs. B., white, 28 years, II para. First pregnancy five years ago terminated in miscarriage at sixth month, accompanied by twenty-four convulsions!

History of chronic kidney disease, contracted kidney.

During second pregnancy there was marked œdema, albuminuria, tube casts, sp. gr. 1041.

Treatment: Milk diet, saline aperients every other day. Buffalo lithia water ad libitum and tincture of chloride of iron.

When about seven months pregnant, at 1 A. M., November 23rd, 1887, a violent convulsion occurred during sleep, followed rapidly by another less severe.

Found her stupefied, but conscious. Drew a little urine from bladder, which was found to contain albumen and casts.

Chloroformed, manually dilated (requiring one hour and a half), turned and extracted a seven month fœtus, still-born. Accouchement forcé. Hour glass contraction of uterus, manual extraction of placenta, antiseptic intrauterine douche, and rectal enema of one drachm of chloral.

A third convulsion at 7 A. M. Chloroform and morphine hypodermically. Coma, suppression of urine, pulse feeble and rapid.

Muriate of pilocarpin, gr. $\frac{1}{8}$ hypodermically (hot bottles, etc.), repeated every four hours.

Fourth convulsion at 11 A. M; coma; slight sweating; no urine; sinking. Brandy, stimulants, etc.

Profound and long continued coma; complete suppression of urine; œdema pulmonum; very rapid thready pulse; stertorous respiration.

At 7 A. M. on the following day (Nov. 24th, Thanksgiving day), she became conscious for about a half hour, recognized friends, swallowed brandy and water, and a draught of magnes. sulph. 3 i, tinct. digitalis gtts. xx, aq. 3 iss.

At this time the pulse was stronger, but there was no urine in the bladder. Coma followed and death occurred at midnight.

Case IV.—(Consultation). Mrs. D., white, 34 years, I para.

About the fifth month of pregnancy general œdema, especially marked in the lower limbs, was observed, also albuminuria, headaches, etc.

Basham's mixture, normal liquid of digitalis, quinine and iron were given by regular physician, with the result of apparently lessening the œdema, but not the albuminuria.

Premonitory signs of labor at term appeared at 4 P. M., but after $\frac{1}{4}$ gr. of morphine hypodermically, the patient slept.

About 3 A. M. following day, a convulsion occurred, followed by coma. Found patient stupefied but conscious. Chloroformed, manually dilated, turned and extracted a still-born child. Accouchement forcé. Death of child due, in part at least, to retraction of os uteri around its neck, consequent extension of after-coming head, and prolonged compression of cord.

Mother never rallied, despite all endeavors at stimulation, and died a few hours after delivery.

There was partial suppression of urine and the few ounces drawn just before death was found to contain a large quantity of blood, albumen and tube casts.

Therefore, "the determination of whether the eclampsia is due to acute or chronic disease of the kidneys, is of little moment in the diagnosis, but is of great importance in the prognosis of the case."

The clinical evidences of advanced kidney disease are well known, but we are apt to forget that these evidences may exist, and yet at times an examina-

tion of the urine may show little or no abnormality whatever. Such a condition is frequently observed and clearly demonstrates the importance of frequent and thorough urinary analyses, as well as the necessity of carefully studying the case in other particulars.

Unfortunately, however, as a practical fact, we are generally called to see these cases after the convulsion has occurred, or the woman is seriously endangered by advanced kidney disease.

The very frequent association of renal disease with eclampsia permits us to divide the treatment of the latter into first, the prophylactic, which is practically the treatment of the kidney affection, and secondly, the treatment of the convulsions.

I. The dietetic, hygienic and therapeutic indications for the treatment of renal insufficiency are essentially the same during pregnancy as at other times, and briefly include the following measures. "Extra precautions against cold or wet; a diet consisting principally, if not entirely of milk, and means to keep up a free action of skin, bowels and kidneys."

It would be beyond the scope of this paper to speak of all these measures in detail, especially as some of the more important ones have already been alluded to in the histories of the above cases.

The persistence or increase of the unfavorable symptoms, or still worse, the actual appearance of convulsions, places the induction of premature labor among our list of remedies, and as I have previously stated, where the convulsions rapidly recur, or are followed by coma, or are accompanied by albuminuria, tube casts, renal insufficiency, œdema, or other evidences of advanced kidney disease, no matter what be the period of pregnancy, if the woman's condition be such as to justify any operative interference, I believe the evacuation of the uterus to be indicated.

Probably the simplest and best method of inducing premature labor is that of Krause, or the introduction and retention under antiseptic precautions of the solid bougie in utero, until contractions occur.

This may be followed by dilatation with the (hot) water bag of Barnes, or the fingers.

Rupture of the membranes, although very simple, often proves a very dangerous procedure.

Bi-polar version of Braxton Hicks and extraction is usually the preferable mode of delivery in these cases, but, of course, other measures may be required, according to existing conditions.

Essentially the same plan of treatment of renal insufficiency may be adopted after delivery as before.

II. We now come to the treatment of the convulsion:

Briefly this consists first in the use of nerve sedatives, including venesection, chloroform, chloral, morphine, and secondly the removal of peripheral excitants, including delivery, emetics, cathartics and the various means adapted to remove all sources of irritation.

Now, as regards the threadbare subject of venesection in eclampsia, I can only say that although I believe in its rationale and its possibilities, I have seen it employed only twice in some twenty cases that have come under my observation, and in these two instances I considered its results at least questionable. But I will qualify this statement by frankly admitting that my personal experience is thus far entirely too limited to express any very decided opinions on this important point in the therapy of eclampsia.

Although it has been stated upon good authority that in the Vienna clinics (under Carl Braun, Gustav Braun, Joseph Spæth), "where the results of treatment are far better than anywhere else," also in those of Munich (F. Winckel), and Berlin (Schröder), "blood-letting has been completely discarded," yet, it is still strongly advocated and practised by many of the best men in the profession, and certainly to "bleed the woman into her own veins" by veratrum viride, seems to be very much like adding another very dangerous and depressing poison to the already overloaded blood of the eclamptic.

At this date surely no one will dispute the claims of chloroform and chloral in this disease. "Winckel, who relies ex-

clusively upon chloroform inhalations and chloral per rectum, has had only seven deaths in ninety-two cases," a result that challenges the world. Next in order comes morphine hypodermically for rapid and prolonged nerve sedation.

The methods of delivery must be in accordance with the general rules regulating the performance of obstetrical operations.

The use of eliminatives and means to remove all sources of irritation are to be governed by the well-known principles of general practice.

319 West Monument Street.

ERYTHROXYLON COCA. ITS VALUE AS A MEDICAMENT.

BY MARC LAFFONT, M. D., PARIS.

Professor of Physiology at the Faculty of Lille, France.

During the last few years the therapeutic use of cocoa has been so greatly extended that it may be interesting and useful as a *résumé* to enumerate its many applications.

Although coca has, from its earliest introduction as a pharmaceutical product into France, enjoyed the highest professional recognition, this South American plant can hardly be said to have entered into current therapeutics. It is only since the discovery of the scientific application of the alkaloid of *Erythroxylon coca*, and since the important essays on the drug and the experiments made with it, that physicians generally have studied and recognized its therapeutic value.

It is well remembered how, in former years, the virtues of the salts of quinine were held to entirely supersede those of cinchona; in like manner this inevitable error has arisen with coca, its alkaloid, cocaine, only having been considered by many.

In consequence of the tests made with cocaine, which, from physiological point, have established the dose and the limits of its toxic effect, and, from a medical view, have brought to light cases of abuse which resulted in more or less serious accidents, many have been led to regard the plant coca itself as a dangerous drug.

The proof of the therapeutic value of the coca leaf is clearly shown by the many excellent results obtained in practice with such reliable preparations of the drug as have been furnished the profession by the pharmacist, Mariani.

As to the compromise which many of our *confrères* make between the preparations of cocaine and of coca, we do not fear to state that, however sound may be the theory of preferring to administer certain alkaloids to administering a preparation of a plant of which the virtues vary according to where and how it was gathered, the place of its cultivation, its quality, and the constitution and nature of the preparation—we repeat we do not fear to state that in the majority of cases, as the alkaloid does not contain all the active principles of the plant, it cannot be preferred, except in special cases where the particular action of the alkaloid alone is desired.

The fact is well established that the salts of quinine cannot replace the extract, the wine, or the powder of cinchona, the tonic principles and the essential oils of which have, without doubt, shown a special therapeutic value; and I need merely cite the indisputable success obtained by Professor Trousseau with the powder of cinchona in checking malarial fevers which had resisted even the largest doses of sulphate of quinine. More especially cocaine cannot replace all the active principles and the essential oils of the leaf of *Eeythroxylon coca*, as has been proved from the time of the earliest discovery and use of the plant.

In 1877 at the Institute of France (Académie des sciences), and in 1888 at the Académie de médecine, I demonstrated that coca, by virtue of its active principles, had three very distinct separate actions (published in the "Proceedings"):

1. As an anæsthetic, acting upon the

protoplasm of the terminations of the sensory nerves, preventing the transmission of painful sensations to the centers or the unconscious sensibility of Bichat.

2. As a nerve tonic, producing functional excitement of the cerebral and spinal nerve centers and increasing the intellectual and muscular activity.

3. As a tonic to the unstriped muscular fibers of the stomach, the intestines, and the bladder, producing functional excitement of the constrictor action of the great sympathetic nerve, with consequent functional exaltation of all the smooth muscular fibers of organic life.

The dissatisfaction produced and the complaints which are made that the plant is wanting in uniformity of quality and is unreliable in producing the desired effects, are due to the varying quality of the preparation.

An essential requisite to produce reliable uniform preparations of coca is a thorough knowledge of the origin of the leaf, its nature and its quality.

Careful study and researches made by Mr. Mariani for many years as to the origin, the nature, the species, the culture of the different leaves of coca, and the care which he gives to his preparations, have been the means of placing at our disposal products uniform in quality and unvarying in their effects in those varied cases where their internal administration is called for.

I will cite but a few names among those of my many *confrères* whose recorded experience with the Mariani coca preparations coincides with my own, which I am about to set forth, based upon continued observation in hospital and private practice.

It has long been known that the natives used the coca leaves to lessen fatigue, to keep up the spirits, and to appease the cravings of hunger.

The first and main application of the "vin Mariani" is, therefore, as a general tonic for persons either physically or mentally overworked (Brown-Séquard, Germain Sée, Dujardin-Beaumetz, Ball, Bouchut, A. McLane Hamilton, A. E. Macdonald, A. L. Ranney, L. C. Gray, L. Weber, Carlos F. Macdonald, J. Leonard Corning, H. M. Lyman, I. N. Danforth, P. S. Conner, J. K. Bauduy, C. H. Hughes); in convalescence after lingering wasting diseases, where nourishment is needed and where it would be dangerous to overcharge the stomach; with all whose recovery is tardy from wasting or constitutional weakness; in chlorosis, anæmia, and rachitis (Ch. Robin, Durand Fardel, Gubler, De Piétra-Santa, Fordyce Barker, Isaac E. Taylor, A. L. Loomis, W. T. Lusk, F. P. Foster, C. C. Lee, J. J. Henna, L. L. McArthur).

It is further used in diseases more specially referable to atony of the smooth muscular fibres, among which we class atony of the stomach. In dyspepsia, in those very common cases where this organ has become weak and torpid, is distended, and fails to secrete gastric juice, coca is well indicated (De Saint-Germain, Cottin, Dieulafoy, Salemi, Companyo, Rabuteau, A. J. C. Skene, P. A. Morrow, T. C. Giroux, Hunter McGuire, E. R. Palmer, O. O. Burgess, J. R. Leaming, Daniel Lewis, T. E. Satterthwaite, W. H. Pancoast, D. F. Woods, J. N. Hyde, L. G. N. Denslow.)

It is also serviceable in weakness of the vocal cords, in the case of ministers, singers, actors, teachers and orators (Ch. Fauvel, Morell Mackenzie, Lennox Browne, Botkine, Cozzolino, Zawerthal, Poyet, Coupard, Fraenkel, Marius Odin, Labus, Massei, Louis Elsberg, R. P. Lincoln, Beverley Robinson, W. C. Jarvis, H. H. Curtis, C. C. Rice, C. E. Sajous, E. Fletcher Ingals, H. Schweig, T. R. French.

It is, moreover, of value in weakness of the vascular organs, with the anæmic, the plethoric, where, principally on the face, the small blood-vessels show enlargement or venous arborescence which points to a similar state in the vessels of the nervous centers. The same vascular weakness is also observed with the varicose, in whom coca is indicated; likewise with the paraplegic, with whom it regu

lates the circulation of the nervous centers (Bernard, Bétancès, Landowski, Casenave-Delaroche, Gazeau, Rabuteau, V. P. Gibney, Robert Newman, E. B. Bronson, J. E. Janvrin, B. McE. Emmet, W. O. Moore, W. J. Morton, D. W. Yandell, J. H. Etheridge).

It may be also as a regulator of the nervous centers that the infusion of coca known as thé Mariani produces such marvelous results in mountain-sickness in sea-sickness, and sn the vomiting of pregnancy. It is well remembered how this preparation sustained the illustrious General Grant during several months (Cuffer, Letellier, Dérrécagaix, Trossat, Bouloumie, Dechambre, Fordyce Barker, G. F. Shrady, J. H. Douglas, H. T. Hanks, G. R. Fowler, J. M. Keating).

From a psychological point of view and from mental pathology it may be stated that coca is the only drug which successfully combats melancholia, low spirits, and all forms of depression of the nervous system, upon which it acts "like fulminate," to use the felicitous expression of Professor Gubler.

Society Reports.

MARYLAND STATE VETERINARY SOCIETY.

SPECIAL MEETING HELD JANUARY 23, 1890.

Mr. A. W. Clement, V. S., read a paper entitled:

THE INSPECTION OF MEAT AND MILK WITH SPECIAL REFERENCE TO TUBERCULOSIS.

(*See page* 261.)

In the

DISCUSSION

which followed

Dr. Wm. H. Welch said that the demonstration that tuberculosis is an infectious disease produced by a specific micro-organism which has been isolated in pure culture justifies us in ranking this disease, at least theoretically, among the preventable diseases. We may indeed be appalled in instituting preventive measures at the apparent hopelessness of our efforts in view of the enormous prevalence of tuberculosis in man and animals, and in view of the wide distribution and great vital resistance of the tubercle bacillus. Nevertheless, these difficulties should not prevent us from adopting all available means to check the spread of the most devastating of human maladies.

The most common, although not the sole, sources of tuberculous infection appear to be the dust from dried tuberculous sputum and the milk from tuberculous cows. Doubtless, at least for adults, the danger is greater from tuberculous sputum than from milk. Since, however, it has been abundantly demonstrated that the milk of tuberculous cows, even when the udder is free from gross lesions, is capable of conveying tuberculous infection in not a small proportion of cases, we must regard the milk of tuberculous cows as dangerous and to be rejected for food.

We have not equally satisfactory proof as to the conveyance of tuberculosis by the flesh of tuberculous cattle. On the one hand, as regards the flesh, there are only a few positive experimental results against a large number of negative ones, and even in the positive cases there is not sufficient evidence that the possibility of accidental contamination of the flesh has been avoided, and on the other hand, we know that muscular tissue is not a favorable soil for the development of tubercle bacilli. The question as to the use of meat from cattle affected with localized tuberculosis is one of great economic importance. The positive statements of veterinary and tuberculosis congresses as to the rejection of the flesh of tuberculous cattle and the views expressed in popular and alarmist articles on this point are not at present warranted by our knowledge of the facts. Nevertheless, we have a right to consider the possibility of accidental

contamination of the meat in the process of slaughtering tuberculous animals, and also the natural repugnance against the consumption of the flesh of diseased animals. It is better to wait for further investigations before taking a decided position on this question. This does not, however, lessen the importance of proper sanitary inspection of slaughtered animals, for there are many diseases besides tuberculosis that can be conveyed by the use of diseased meat.

There should be no differences of opinion as to the desirability of the measures of inspection of food advocated by Dr. Clement. Public health demands that such sanitary inspection be adopted. It is clear that no efficient inspection of the meat supply can be secured until the law forbids the slaughtering of cattle, swine and sheep in a multitude of private establishments. It is absolutely essential that the reform should begin with the establishment of one or two abattoirs where alone it is permitted to slaughter the animals named. This measure, like many others for the public good, is inimical to certain private interests, and here lies the only opposition to it. As soon as the public is sufficiently informed as to the good which will be accomplished by the sanitary inspection of the meat supply, it is certain that these private interests will not prevail and that this community will adopt the only policy which can commend itself to an enlightened people.

Dr. Wm. T. Councilman, of Johns Hopkins Hospital, said that the anatomical study of the tuberculous lesions throws much light on the manner in which infection takes place. While there is no doubt that in the great majority of cases the sputum is the source of infection by the inhalation of the tubercle bacilli, set free by drying, the first source of the disease being then found in the lungs, there are many cases in which the infection comes from the alimentary canal. Though in such cases infection by sputum cannot be excluded, for the bacilli from it may get on food or other objects which are placed in the mouth, we know that we have in tuberculous milk and probably in flesh a much readier source of infection. We are so accustomed to regard tuberculosis as a disease of the lungs that we lose sight of the great number of other than lung lesions which are produced by the bacilli. Almost all chronic enlargments of glands, the chronic joint diseases, etc., are tuberculous, and for most of these, infection takes place through the alimentary canal.

All inspection of meat, dairy cattle, etc., should be made by an expert who has had a long experience in studying the comparative pathology of the disease. For, although the disease is the same in man and animals, and the lesions produced by it agree in their general features, the characteristics of the tissues and the manner of infection and spread of the disease in the different animals, produce such apparent differences in the lesions that they might readily be mistaken by one not an expert in such matters. Such an inspection of meat as Dr. Clement has pointed out would not be possible except with the abattoir system. While there is every reason, both sanitary and economic, that we should have such an inspection of meat and milk, there is no ground on which it can be opposed.

We are so accustomed to tuberculosis, it is so much with us that we have come to accept it as a matter of fate and do not lift our hands in an attempt to mitigate its ravages. While it would, no doubt, be impossible to exclude all the sources of infection, still, many of them can be.

Dr. James A. Steuart, City Health Commissioner, said the subject has been so thoroughly exhausted by the very able and instructive paper read by Dr. A. W. Clement, as well as by the clear and logical views presented by Professors Welch and Councilman, that there is nothing left for me to say in this connection, except that I have been both pleased and interested, and that my views on this subject are in thorough accord with those expressed here to-night.

I feel called upon, however, to say briefly, as Health Commissioner of Baltimore, that I have for the past ten years, in season and out of season,

advocated and urged the passage of a law creating Inspectors of Food, especially of meat and milk, by the State or the city of Baltimore. It goes without saying that none should be thought of for a moment, for such a position, but one thoroughly qualified and equipped for the difficult duties of such an office, by all the necessary technical knowledge and experience essential for the efficient performance of the work. In regard to the establishment of an abattoir for the city of Baltimore, I have struggled in vain for the past fifteen years. Long since I became convinced that private slaughter houses could *not* be properly regulated by city ordinances, and in fact were from the very nature of things an unmitigated nuisance, no matter where situated, within the city limits or upon the suburbs.

I have labored to convince the butcher that his best interests would be subserved through the abattoir, but all in vain up to the present time. I do not despair, however, and shall continue my efforts in this direction in spite of all opposition.

The importance to the community of wholesome food, as well as the abatement of the private slaughter house nuisance, are too great to be outweighed by opposing difficulties. I shall be glad to coöperate with the Committee you propose to appoint, and charged with the difficult task of proposing a law to be presented to the Legislature, together with an appeal for its enactment.

Mr. T. Wallis Blakistone, who had been invited to be present for the purpose of discussing the subject from a legal standpoint, said that while legislation had provided for the establishment of no less than three sanitary Boards, to wit: the State Board of Health, of which Dr. C. W. Chancellor is the Secretary and executive officer, the Baltimore City Health Department, of which Dr. James A. Steuart is the head; and the State Live Stock Sanitary Board, consisting of three Commissioners, "who are practically engaged in the breeding of live stock," with Dr. Wm. H. Wray as Chief Veterinary Inspector. It is apparent from an examination of the various acts of assembly, and ordinances of the Mayor and City Council, from which these Boards derive their powers, that our laws are at present wholly inadequate to protect us from the dangers so vividly pointed out by Dr. Clement. And this, although the powers conferred and the discretion given to their officers are, in some matters, so broad as to be almost arbitrary.

The City Health Commissioner may "fence in and guard by sentinels" any infected house or district in the city of Baltimore; he may quarantine individuals, houses or localities; he may destroy household effects, or cause them to be disinfected; and he may abate nuisances --with very wide discretion as to what constitutes a nuisance—and for this purpose may invoke the aid of the courts. He may cause the water of any suspected pump or spring to be analyzed and, if found impure, prohibit its use.

Kindred powers and like obligations are conferred upon the State Board of Health, to be exercised and performed all over the State.

The Live Stock Sanitary Board is charged with the duty of protecting the health of domestic animals from "exotic, contagious or infectious diseases," and to this end may quarantine or cause infected animals to be destroyed.

It will be seen from this brief statement of the law, that the efforts of the Legislature have been directed mainly, so far as the functions of these Boards are concerned, to the prevention of the spread of disease by contact or communication with diseased subjects.

It would seem that our law-givers never had in contemplation the possibility or the danger of the communication of disease to the human family by infected meat or milk used for food. Certain it is, that they have nowhere provided such a supervision over our food supplies, as in the instances of these two most important items, can only be made effective by a systematic inspection, conducted by skillful and scientific men, whose professional education and experience has fitted them for this particular work. To be sure, under the head of "Markets," in the City Code, there are

two sections, imposing fines of twenty dollars, respectively, for selling unsound meat or milk from diseased cows. The enforcement of this, like the other provisions of the law relating to the markets, is left with the clerk of the market. How far the scientific and professional attainments of that officer enable him to detect and prevent the sale of the meat or milk of an animal with tuberculosis, I leave others to determine.

I have only to add that I think the suggestions made by Dr. Clement would provide an adequate remedy for the evils under discussion. One, if not both, of the Boards of Health should include a competent veterinarian, whose duties should be especially directed to the inspection of our meat and milk food supplies. The inspection of meat should be made before and after death, and to enable this to be done, the places for the slaughtering of animals for food should be reduced to as few as possible, by the establishment of one or more abattoirs.

Dr. George C. Faville, V. S., then said:—Mr. President, the importance of this question can scarcely be overestimated. The fearful ravages of tuberculosis in the human family is known to all. In our work of inspection in the Bureau of Animal Industry we keep a pretty careful record of the inspection of cows in searching for contagious pleuropneumonia.

I find from our records that of 163 stables supplying milk to this city, containing 2,160 cows, that over 10 per cent. of them show well-marked evidence of tuberculosis. I wish to introduce the following resolutions for the consideration of this meeting:

Whereas, It has been proven that the unboiled milk of tuberculous cows, whether or not the udder is tuberculous, is capable of causing tuberculous infection in individuals consuming the milk;

Whereas, There is reason to believe that the consumption of uncooked or partly cooked meat from tuberculous cattle is likewise capable in some instances of causing tuberculosis;

Whereas, The number of tuberculous cows is large, probably in this community not less than 10 per cent. of the entire number, and in many herds much higher;

Whereas, There are various other affections of animals communicable to man, such as trichinosis, actinomycosis, tapeworm, etc.;

"*Whereas*, There are various recognized abuses sometimes connected with the milk sold,

Resolved, In view of the manifest dangers from these sources to the consumers of meat and milk, that some suitable inspection of the meat and milk should be adopted;

Resolved, That a proper inspection of the meat involves one, or at the most, two central slaughtering houses where alone it is permitted to slaughter cattle, swine and sheep to be sold for food,—a provision recognized as essential by all competent authorities, and already adopted in most large European cities;

Resolved, That a proper control of the milk supply of the city involves a periodical inspection of the cows in the dairies furnishing the milk.

Resolved, That the State and City Boards of Health, in order to carry out proper systems of inspection of meat and milk supplied for food, should avail themselves of the special knowledge and training of the Veterinarian, and

Resolved, That a copy of these resolutions be sent to each branch of the Legislature of the State and to the Mayor and City Council of Baltimore.

At the conclusion of these remarks, Drs. Wm. H. Welch and James A. Steuart were added to the present Committee on Legislation, which consists of Drs. Geo. C. Faville, A. W. Clement and Wm. Dougherty.

It will give great pleasure to the many friends of Dr. Sinclair Bowen, formerly of the University Hospital, and from Woodville, Prince George's County, to announce that he is well and pursuing his studies in Europe. The report that he had died at sea was happily false.

The city of Atlanta, Ga. has voted to appropriate the sum of $30,000 to establish the Henry A. Grady Hospital.

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BALTIMORE, FEBRUARY 1, 1890.

Editorial.

THE INSPECTION OF MEAT AND MILK WITH SPECIAL REFERENCE TO TUBERCULOSIS.

Notwithstanding the fact that an enlarged materia medica and improved therapeutics have done something towards reducing the high mortality from tuberculosis in its varied forms; still, with our present light, this is a disease in which attempts at prevention and prophylaxis yield by far the greatest results. The subject of the inspection of meat and milk in large cities was brought up at a recent meeting of the Maryland State Veterinary Society, and was so ably treated and its necessity so conclusively shown, that further additions to this complete article would be superfluous.

The discussion, too, at this Society, was taken part in by men of reputation and all opinions pointed to the one fact, that a rigid inspection of meat and milk in Baltimore could not but have a great influence in reducing the mortality from tuberculosis.

To carry out these measures, active and very careful legislation would be necessary, and in a city and State so ruled by politicians there would be very little hope of getting a proper law passed where only the health of the people and not the pockets of the so-called lawgivers would be benefitted. Still the Veterinary Medical Society passed the usual resolutions, and to the standing committee on legislation, consisting of Messrs. A. W. Clement, Geo. C. Faville and Wm. Dougherty, the names of Dr. Wm. H. Welch and Dr. James A. Steuart were added.

THE FUTURE HEALTH OFFICER.

At a time when the Mayor's appointments will soon be made, it is or should be a question of great interest to the profession who will be the next Health Officer. Unfortunately, in political deals, changes must be made, and, therefore, it is probable that the present officer, who has so efficiently filled this position these many years will be obliged to give place to a successor. These changes are always unfortunate. This is a position above all others that demands one at the head who has made sanitary science a life-long study, and this very department of hygiene and sanitary science has made such rapid strides in the past few years as to assume immense proportions in the training of young medical men.

Therefore, if a change is inevitable, let us hope that the mayor will see fit

to give the place to one who, free from all politics, will do the best for his position that a modern scientific training will allow. With the subject of the prevention of tuberculosis as an example, even a city so politically corrupt as New York, has, through its Health Officer, circulated rules and directions for the prevention of this disease, and in such a way that this one modern step has been noticed with approval by foreign medical journals.

Many examples of the slowness of our Health Board in important matters might be cited, not due, however, to the fault of any one individual. At this time delegations are waiting on the Mayor in the interests of their respective applicants, but from careful inquiry all candidates with one exception are backed by friends and politicians principally, not for their fitness but for the usual expectation of return favors.

The one exception is Dr. George H. Rohé, who having made the subject of sanitary science and hygiene a study of many years, and with decorations and diplomas from home and foreign hygienic institutes, is proposed for the Health officer not because he is an ardent politician, but because he understands from years of careful study and active experience just what sanitary prospects can be carried out, and what reforms are needed.

Without wishing to push one candidate into office at the loss of the others, it should be the desire of the profession to see in this position a man with the high qualifications which such an office in this advanced age demands.

A Chicago professor has found in that city that the hair on the mons veneris of sterile women is straight. He does not advise curling of the hair as a cure for sterility.

Medical Items.

The Medical and Surgical Society held its annual supper last week.

The King of Portugal has a staff of nine physicians to look after his precious health.

The late Professor Volkmann left behind him, almost ready for the press, a monograph on "Cancer."

The estate of Dr. Farnham has given $10,000 to the library fund of the New York Academy of Medicine.

Dr. J. Edwin Michael's First Aid lectures take place every Tuesday night at Hopkins Hall.

The daily papers announce the marriage of Dr. George H. Rohé, of this city, and Miss Mary L. Coffin, of Westminster, Md.

Dr. Wm. H. Perkins, of Hancock, Md., has been appointed Supervisor of the Census District for Western Maryland.

The need of a city morgue is great, and the City Council may see fit to make the necessary appropriations for one.

We regret to announce the death of the wife of Dr. T. C. Peebles, of Lutherville, and the death of the wife of Dr. J. H. Scarff of this city.

A cablegram from London says that cholera is raging in Mesopotamia, Asiatic Turkey, and three thousand deaths are reported to have occurred from the disease.

Thomas Bailey Aldrich, who is a recent victim to the epidemic of influenza, compares the sensation to that of "a misfit skull that is too tight across the forehead, and that pinches behind the ears."

Dr. John Morris has received a communication from Surgeon General Hamilton stating that the United States revenue cutter Stevens will be stationed at the mouth of the Patuxent as a floating hospital for dredgers, with accommodations for about twenty-five men, and they will afterwards be sent to the Marine Hospital.

The Allegheny General Hospital of Pittsburg has now a male instead of a female superintendent. The latter generally make trouble with the medical staff, as in this instance.

It is reported from Vienna that Professor Weichselbaum, of the University there, has discovered the bacillus of influenza. He finds in it some similarity to the pneumonia bacillus, but is sure that it is a distinctly different microbe.

The ability to take pictures of one's cases is coming to be a very common accomplishment of the younger generation of physicians. It is said that there are amateur photographers attached to the staff of nearly every London hospital.

Dr. Charles B. Goldsborough, surgeon in charge of the United States Marine Hospital, New Orleans, died January 6th. Dr. Goldsborough entered the service in 1876, and was stationed successively at Washington, Baltimore, Mobile, Chicago and New Orleans, where he lived.

The C. A. Stephens' laboratory, Norway Lake, Maine, from a desire to verify his own researches as to the causes of failing nutrition in aging organisms, offers three cash prizes of $175, $125 and $100 for the best three comparative demonstrations, by means of microscopical slides, of the blood capillaries in young and aged tissues, canine or human. For further particulars address as above.

In order to perpetuate the memory of his father in connection with the Brompton Hospital, of which he may be considered one of its founders, and with which he was connected for more than half a century, Dr. C. Theodore Williams has decided to give 500 guineas to endow a ward which shall be named after him. Dr. Williams has just received a reply from the Chairman of the Committee of Management accepting the offer in very warm terms.

NUMBERS WANTED.

The following numbers of this JOURNAL are very much wanted to complete the volumes

VOL. XIX, No. 17.
" XX, Nos. 11 and 13.
" XXI, Nos. 20, 22 and 26.
" XXII, No. 5.

Any one who is willing to part with these numbers, or any one of them, would greatly oblige by forwarding hem to the publishers, who will return stamps for the *postage*, and will allow *ten cents* for *each number* sent. Reply at once.

A cable despatch from London announces that Dr. Sir William Withey Gull, physician-in-ordinary to the Prince of Wales, died last Wednesday. He had been lying in a moribund condition since Tuesday from a second stroke of paralysis.

Sir William Withey Gull, M. D., F. R. S., one of the most eminent physicians of the century, was born on December 31, 1816. He was educated privately, and subseduently pursued his medical studies at Guy's Hospital, London. He graduated M. B. in 1841, and M. D. in 1846, at the London Universitv; and it is worthy of note that he was the first medical graduate who was made a member of the senate of that institution by the Crown.

Dr. Gull served as Fullerian professor of physiology at the Royal Institution of Great Britain in 1847-49; was elected a fellow of the Royal College of Physicians in 1848, and for twenty years acted as physician and lecturer to Guy's Hospital, retiring from that position about 1867, though he resumed his connection with the institution in 1871 by accepting the post of consulting physician. On January 20, 1872, he was created a baronet, in recognition of the services rendered by him during the severe illness of the Prince of Wales at the close of the previous year. In the following month he was also appointed one of her Majesty's physicians extraordinary. In 1883 he resigned the position which for twelve years he had held in the General Medical Council as one of the crown members.

Sir William Gull was president of the Clinical Scciety, a fellow of the Royal Medico-Chirurgical Society, and a member of the General Medical Council. He received the honorary degree of doctor of civil law from the University of Oxford in 1868, and became a fellow of the Royal Society in 1869. He was a voluminous writer on medical subjects, and a frequent contributor to the reports of Guy's Hospital. His specialty lay in clinical practice.

Sundown Doctors is the title given to clerks in the Departments at Washington who have taken medical degrees, and who try to practise after they get home from their clerical work.

Original Articles.

LAPAROTOMY FOR ECTOPIC PREGNANCY, WITH REPORT OF A SUCCESSFUL CASE.

BY THOMAS A. ASHBY, M. D.,

Fellow of American Gynæcological Society, Professor of Diseases of Women in Baltimore Medical College, etc.

In a study of the treatment of ectopic pregnancy we find a most striking illustration of the important service which operative surgery may render in clearing up our knowledge of the physiology and pathology of the different organs and apparatus of the human economy. In former years physiological and pathological studies were hedged in by many unknown quantities and by the vague and uncertain light of obscure surroundings and conditions. To-day we approach the study of all problems with a clearer light and keener appreciation of their relation to experimental observation. In this way the obscurity which surrounded the study of the subject of fœtation has been chased away; both its physiology and pathology have been worked out and simplified by the actual proof of clinical demonstration. What was at one time a mysterious phenomenon is now a simple and easily demonstrated relation of cause and effect.

The ancients were grossly ignorant of the finer adjustments of the laws of ovulation and impregnation. They were unable to account for the cause and nature of those disturbances which resulted in ectopic pregnancy. This darkness and ignorance not only prevailed down to very recent years, but still holds, in a modified degree, up to the very present day. The accepted theories concerning the laws of impregnation and implanation, are speculative, to say the least, and we cannot feel sure that such theories are tenable in the light of the evidence now being offered through clinical observation and study.

It has been taught by physiologists that the contact between the ovum and spermatozoon takes place on the ovary itself, or as the ovum enters the tube. For this statement I have the authority of Bischoff, Foster, Dalton, Flint, Yeo, Carpenter, Chapman, Cazeaux and Lusk.

This theory of contact between the elements makes it necessary that the spermatozoon should pass through the tube until it meets the ovum, and here arouse those nutritive forces, which result in fœtation. The impregnated ovum is now expected to travel through the close and tortuous passage of the tube until cast into the uterus, which has been prepared in advance for its reception. The explanation offered for the passage of the spermatozoon through the tube is defined by Carpenter as due to "its inherent power of movement," or as Foster expresses it, "first, to their inherent vibratile activity, and second, to a retrograde peristaltic movement travelling from the uterus along the tubes." The passage of the ovum through the tube is secured by the movements of the cilia lining its mucous surface, and possibly by a peristalsis in the tube itself. Accepting these theories we find a direct conflict of mechanical principles. A force which is capable of driving an impregnated ovum along a narrow and tortuous tube offers no resistance (according to this theory), to the passage of the spermatozoon in its efforts to reach the ovum. Why the spermatozoon should be expected to undertake this long and hazardous journey through four inches of tube, defended by millions of cilia, we see no satisfactory reason for in law or function. It seems too true that the place of contact has been defined by analagous studies, by suppositious deductions, and not by actual demonstration. We may therefore question, as has been done by one of England's greatest abdominal surgeons, Mr. Tait, whether the dictum of a physiological ovarian and tubal insemination should not be set aside, and this result be accounted for on the ground of a pathological sequence.

The results following a study of intra-pelvic surgery certainly go far to prove

*Read before the Clinical Society of Maryland ,Jan. 3rd, 1890.

that the physiological field for the union of the male and female elements is the uterine cavity, that only through pathological changes in the tube itself does this contact become possible in any other locality. How this position stands reconciled to accepted opinions upon this subject the limits of this paper will not permit me to explain at any greater length. I may assume with Mr. Tait that the cilia of the normal tube stand sentinel, as it were, against every advance of a spermatozoon whilst they move forward the ovum with earnest toil until it has been cast into the proper soil for its insemination, and for the further development of its nutritive energies. Destroy these sentinels at their post of duty by an inflammatory process and the explanation of a natural law becomes a positive demonstration. It has been shown, and further studies will in my opinion confirm the fact, that the primal cause of ectopic gestation is a desquamative salpingitis. Other causes may, it is true, act in exceptional ways to effect the same result, but in the manner explained, as in no other, are conditions made as favorable for irregular insemination and implantation. The laparotomy ward and the dead-house both offer abundant proof of the tubal origin of every variety of ectopic gestation, the only exception being a possible occurrence of ovarian implantation in very rare instances. The various subclassifications all revert directly or indirectly to this primary source of implantation. Nor is it difficult to explain the abdominal and tubo-ovarian varieties upon this hypothesis. In aid of a more simple physiological and pathological law, we may with perfect deference to facts assert that, clinically speaking, the surgeon has to deal originally with but one type of extra-uterine fœtation, and that he must approach the removal of this condition in its primary manifestations from the single standpoint of an intra-abdominal procedure. It seems to me there is no other rational ground upon which to stand than the accepted position that ectopic gestation belongs to the class of morbid growths with a well-defined clinical history, and therefore, that the condition as clearly calls for an abdominal section as the pus tube, ovarian cyst, or other intra-abdominal growths.

The great frequency with which tubal pregnancy occurs can only be explained upon the hypothesis of a pathological influence. A normal tube most undoubtedly resists a false and abnormal implantation. Tubal gestation must therefore be the rarest of occurrences under physiological conditions. Assuming that desquamative salpingitis is at the very root of ectopic gestation, the door is opened for a simple and clear understanding of this abnormality. The spermatozoon in his travels undoubtedly reaches the uterine orifice of the tube, and here stands on watch for the approaching ovum. An entrance to the tube is opposed by the mechanical action of the cilia and by the very physiological structure of the tube itself; but remove these mechanical impediments and its vibratile action is sufficient to carry it along the tube until access to the ovum is obtained, either during its passage along the tube or as it escapes from its follicle in the ovary. Contact between the two elements now occurs, the progress of the fecundated ovum is now impeded, both by its altered size and by the absence of the cilia, which otherwise would impel it forward and cast it into the uterus. The ovum finds a convenient soil for implantation in the close walls of the tube, and here, under conditions favorable to its development, it establishes relations and produces results in accord with its environment. The tube offers for the time being all of the conditions favorable to the growth of the ovum, but from its very thin walls and imperfect anatomical arrangements for continued development, a point is soon reached when its attenuated muscular fibres and peritoneal covering are overstretched, and rupture of its walls is inevitable. The most common seat of rupture, according to Mr. Tait, is through the surface of the tube into the peritoneal cavity. One of several results here ensues. The ovum is cast out of the tube by complete or incomplete separation, and in accordance with the

uncertain element of this result, perishes or goes on to further development under other conditions of environment. It will be noted here that rupture of the tube does not necessarily imply a rupture of the fœtal sac, and that this latter accident at once limits the stage of embryonic development.

How often this history of complete separation in the early weeks of tubal gestation is repeated we have no way of determining, but there can be little doubt of the fact that tubal pregnancy is much more frequent than has been supposed. Its clinical and pathological history arouses such gentle disturbances in many cases where rupture occurs during the first six or eight weeks of gestation that few data are available for a statistical comparison. The milder forms of intra-pelvic hæmatocele, those minor conditions of shock, intra-pelvic pain, localized peritonitis, and of associated febrile disturbances, could undoubtedly be referred in numerous instances to the causative influence of a ruptured and aborted tubal gestation were it permissible to approach the treatment of the symptoms mentioned by abdominal section. Fortunately nature is able to deal so successfully with this condition, in so many cases, that suspicions as to the cause of the intra-pelvic trouble may not even be aroused.

As the weeks of tubal gestation advance before rupture takes place, the fœtal ball assumes a more active and threatening attitude. Its presence may be more distinctly recognized, the symptoms dependent upon its growth become more pronounced, and the clinician is confronted with a problem of difficult solution and uncertain behavior. Associated with the local growth is the history of a pregnant state, positive or undecided as the case may be, but all the more perplexing when a somewhat enlarged and altered uterus raises the doubt as to the exact location of the fœtal development. At this period of gestation the question of diagnosis is both grave and difficult, yet there are indications and suggestions which aid in its solution. The existence of a growing mass in the neighborhood of the uterus, the presence of intra-pelvic pain, the history of the patient prior to conception, the position, size and relation of the uterus to the growth, all undoubtedly indicate an ectopic tumor. Whether such indications warrant an interference at this stage of investigation, individual judgment and experience must decide. One of several methods of dealing with this uncertain and unsatisfactory class of symptoms and physical conditions deserves consideration. These are the so-called typical cases in which the electricians claim a safe and sure result by the use of the Faradic current. Assuming the correctness of their diagnosis, they proceed to arrest the fœtal growth by the destructive influence of the current, and this end presumably accomplished, they leave nature to dispose of the resultant. The fallacy of this line of action is not difficult to expose.

First.—The question of diagnosis is not answered by the method employed in those cases which go on to recovery. The results of this method are purely circumstantial, and clinical experience can be adduced to show the utter unreliability of the evidence offered in support of the value of electricity when a positive demonstration and confirmation of the condition have been made. I may incidentally refer to the case of tubal gestation reported as cured by Dr. Mann, of Buffalo, N. Y., subsequently operated upon by Dr. Wylie, of New York, and the intra-pelvic condition found to be a hydro-salpinx which had been thus incorrectly treated. All who know Dr. Mann need not be told of his skill and acuteness as a diagnostician and surgeon. The error which he fell into must occur whenever a diagnosis is based upon insufficient proof and is not subsequently confirmed by rational methods of investigation. It should occur to every thinking mind that the electrolytic method is irrational and in no sense free from grave complications and dangers in the presence of an ectopic pregnancy. In the absence of this condition its employment asserts no positive result.

Second.—The resultant of an ectopic

pregnancy arrested by electricity is an unsafe quantity subsequently to be accounted for after the fœtal death. That it is safely disposed of in many cases of reputed cure by the use of the current goes without saying in those circumstantial cases of assumed diagnosis. That this safe result does always follow in cases where an actual gestation was in force we have numerous illustrations. Mr. Tait has shown that the death of the fœtus does not necessarily mean the death of the placenta, that this tissue may remain in the tube and subsequently become a source of danger from its growth, and from hæmorrhage or septicæmia. But, independent of the risk involved from the presence of a dead fœtus and its appurtenances left after the use of electricity, there are immediate dangers which must be considered. Dr. J. E. Janvrin, of New York, has reported a case in which he destroyed the fœtus by electricity after three applications, given on three successive days, and in which the patient suddenly died from a profuse hæmorrhage from a small artery located upon the peritoneal covering of the tube. It is a well recognized fact that the use of a strong current may cause a rupture of the tube and fœtal sac at the time of its application, and occasion a dangerous if not a fatal condition. No one would think of using electricity after a tubal rupture has taken place, for here it can render no possible service. Its value, if it has any value at all, must be confined to a very narrow field, and be limited to those cases of doubtful diagnosis and observed during the very earliest weeks of pregnancy.

Whilst I desire to maintain a courteous respect for the opinions of those observers who place confidence in the use of electricity it does seem to me that an honest regard for rational methods forces the surgeon to deal with ectopic pregnancy from one of two standpoints. First, he may remain passive in the presence of the growing mass, and hold himself in readiness to act the very moment a positive indication is offered or secured, he may anticipate a positive indication by immediate action. We have, therefore, to consider the advantages of an abdominal section at the time of actual rupture, or subsequent to this event, or an abdominal section in anticipation of the rupture. That a tubal rupture will take place sooner or later, there remains little doubt, the exceptions being too infrequent to be considered as contra-indicating a course of action.

It has been shown that in the act of rupture several routes are chosen, and a clinical history follows in accordance with one or the other of these plans. Mr. Tait has simplified this study by designating the result as an intra- and extra-peritoneal rupture. In the first instance the tube ruptures into the peritoneal cavity, whilst in the latter rupture takes place into the folds of the broad ligament. In this latter variety, should the amnion be thrown out of the tube intact and its placental attachment remain undisturbed, pregnancy continues. The ovum goes on developing until the sac formed by the peritoneal folds is overdistended and secondary rupture takes place. This secondary rupture now becomes an intra-peritoneal one, and the same results are likely to ensue, as in the case of the primary intra-peritoneal variety, viz.: intra-peritoneal hæmorrhage, shock and probable death. Maternal death, it is true, is not the necessary result of intra-peritoneal rupture in the early weeks of gestation. The result to the fœtus is problematical. It is asserted that the abdominal variety of ectopic gestation is the result of tubal rupture in those exceptional cases in which the fœtal sac has not been torn and placental attachment has not been disturbed.

(*To be continued.*)

Dr. Lewis H. Sayre died suddenly Jan. 3rd, aged thirty-eight years. His death is believed to have been caused by cardiac disease. Since his graduation in 1876, he has been associated with his father in private and college work.

EXTRACT FROM HISTORICAL SKETCH OF UNIVERSITY OF MARYLAND: FROM THE RESTORATION OF THE REGENTS IN 1839 TO THE RESIGNATION OF PROFESSOR BARTLETT, 1846.

BY EUGENE F. CORDELL, M. D., OF BALTIMORE.

The Faculty, being once more in possession of their property and rights set to work with energy to repair the shattered fortunes of the institution. They found it in a very different condition from that in which they had resigned it to the officers of the State.

They issued a circular, sending it far and wide, announcing the fact of their restoration and urging the friends and alumni of the school to unite with them to help build it up again. The Legislature appears to have relieved them from further responsibility in connection with the $30,000 loan of 1822. At least I take it that the statement in catalogues after this—"Relieved by the generous liberality of the State Legislature from a burdensome debt"—refers to this loan. They had, however, paid back nearly the entire amount in interest, which amounted to $1,500 annually.

A marked and immediate improvement in the size of the classes attests the success of their efforts. The following figures represent the numbers in attendance and the graduates from 1838 to 1841: 1838–39 (Regents' class) 24 students, 7 graduates; 1839–40, 60 students, 14 graduates; 1840–41, 91 students, 30 graduates,* During the session 1839–40 the duties of the chair of surgery were discharged jointly by Professors Hall and William N. Baker.

During the session 1840–41 Professor Smith delivered a course of lectures early in the Fall before his departure for Transylvania University,† and in 1841, having resigned his western chair, he was re-elected to the Professorship of Surgery.

The year 1841 was marked by the death of the two Professors Baker. Their places were supplied by Professor Samuel Chew in the chair of Materia Medica and Dr. Alexander C. Robinson, as Lecturer on Anatomy.

William Nelson Baker, the oldest son of Professor Samuel Baker, was born in Baltimore, January 17th, 1811. He graduated in the Academic Department of Yale College in 1830. He attended lectures in the University of Maryland during the two following years, obtaining his degree in 1832. He evinced great aptitude and fondness for anatomy, the study of which he prosecuted with Dr. Turnbull. On graduating he became associated in practice with his father. On Dr. A. L. Warner being called to a professorship in the University of Virginia, in 1834, he took charge of the anatomical rooms, which had been occupied for four years by that gentleman, in the rear of the college building, and during the two succeeding years, if not longer, lectured to a large class. In 1838 he became Professor of Anatomy in the Regents' Faculty. He also shared with Prof. Hall in the duties of the Surgical Department. He died February 16, 1841, having just attained the age of 30. He is represented as having been a man of great personal beauty and attractiveness, talented, and with every promise of the most brilliant future as a lecturer, anatomist and surgeon.

Samuel G. Baker, the younger son of Prof. Samuel Baker, was born in Baltimore, October 2nd, 1814. He took his literary degree at Yale College in 1832, and his medical degree at the University of Maryland, 1835. In 1837 he succeeded to his father's old chair in the University. He was the youngest professor the University has ever had, being at the time of his election but 22. He delivered the introductory the following November. His death occurred Aug. 1st, 1841. Like his brother he

*Matriculation List. MS. Records of University.

†Professor William N. Baker also lectured on Surgery later in the session.

was handsome, talented and popular, and these qualities made both much sought after in social circles. Habits of dissipation were thus contracted which early cut short their promising careers. The fatal example of the elder failed to prove a warning to the younger, and but a few months intervened between their untimely deaths.

In 1842, it became necessary to fill the Anatomical Chair. Prof. Smith urged the candidacy of Dr. Robinson, whilst others thought he lacked the necessary experience for the important position.* In this dilemma, the name of Dr. Joseph Roby, of Boston, who already held professorial honors in New England, was presented, with very high recommendations. Dr. Miltenberger (then Demonstrator of Anatomy) was commissioned to proceed to the North and hear Dr. Roby lecture. The result was a highly favorable report on his return, and Dr. Roby was duly elected and installed in the office the following session. He more than sustained the high reputation which his predecessors had conferred upon this chair, and was one of the most popular and successful teachers the University has ever had.

The year 1843 will be ever memorable for the death of the venerable Professor Potter, which occurred on the 2nd of January, in his 73rd year. He continued in the discharge of his professorial duties up to the period of his brief illness, literally a relic of the past, for he had long survived the stage of his greatest usefulness, and had no sympathy with the revolution in diagnosis and pathology that had been steadily progressing for a score of years.

Prof. Roby was called to finish the course on Practice, which he did with great credit to himself and satisfaction to his colleagues and pupils. The following spring the chair was filled by the election of Dr. Richard S. Steuart.

The impeachment of Prof. Hall took place this year (1843). For several years past there had been complaints on the part of the students of the inadequacy of his lectures. His pecuniary embarrassments were said to be very great, and so distracting as to prevent that attention to his professorial duties which their satisfactory discharge required. In May the members of the Faculty* addressed a letter to him requesting his resignation, and assigning as the ground for the request their loss of confidence in him. They also took away from him the department of hygiene to which, as was alleged, he had devoteed undue attention during the course, to the neglect of the more important departments of his chair.†

Hall protested against the latter indignity, claiming that it was a violation of the charter. In reply to the letter he returned a most cutting answer, full of sharp personalities. He upbraided his colleagues with ingratitude. He said that he held such letters in contempt and had refused on previous occasions to sign them; that such a precedent could only become a source of discord and a vehicle of insult and injustice under dictates of personal dislike or for trifling causes. He said that he could prove by documents that he had spent more than $28,000 on the University, and he claimed vested rights in it.‡

The charges were drawn up by three members of the Faculty and presented to the Regents. They were as follows:

"1. Refusing to comply with the regulations of the Faculty.

2. Incompetency.

3. Loss of the confidence and respect of the profession."

The Regents returned a reply stating that the charter only provides for the vacation of a chair upon a formal impeachment and with the assent of three-fourths of the whole number of Regents. That the grounds of impeachment which were not stated in the charter must be determined by the Board. The charges were referred by the Board to a committee of three of their members§ with instructions to examine witnesses, take their

*MS. Records of University.

*Aikin, Smith, Chew, Roby and Steuart.

†Hall's Impeachment. Pamphlet.

‡Prof. Hall's letter, *MS. Records* of University.

§The present venerable Mr. J. H. B. Latrobe was the chairman of this committee and Geo. W. Dobbin and Charles F. Mayer the other members.

sworn testimony and present it to the Board without comment.

The trial excited great interest in the profession of Baltimore. Professor Hall courted it. A large number of physicians† testified before the committee and their evidence shows that much personal feeling was aroused. Dr. John Buckler and others of his former students gave the accused credit for "original views on puerperal fever, eclampsia,placenta prævia and non-support of the perinæum, which were subsequently the current and accepted views of the profession on those subjects but were then at variance with the opinions of the day.‡

The testimony was taken and returned to the Board, which decided that the charges were not proven. This decision was reached by a majority of *one*. §

Prof. Hall looked upon Prof. Smith as the chief instigator of the impeachment, and his feelings were so wrought up that a personal encounter resulted. This took place at the Infirmary, where the two Professors happened to meet. Prof. Hall drew a cane and leveled a blow at his adversary, who seized the handle and drew out the sword which it contained. The latter then had his assailant at his mercy, but he magnanimously refrained from making use of his advantage.

During the session of 1845–46, Dr. William H. Stokes, who had just returned from abroad, was engaged by the Faculty to deliver the lectures on Dr. Hall's branches, so that two courses were given upon these at the same time. Prof. Hall's death in 1847 put an end to these dissensions and enabled the Faculty to select a more congenial colleague in Prof. Richard H. Thomas.*

Dr. Richard S. Steuart never lectured. He tendered his resignation October 30th, in consequence of difference of opinion regarding the impeachment of Prof. Hall.* It was accepted and Prof. Roby delivered the lectures upon Principles and Practice of Medicine that winter also.

Richard Sprigg Steuart was of Scotch descent, and both his father and grandfather were physicians. He was born in Baltimore in 1797, was educated at St. Mary's College, served as aide-de-camp in the battle of North Point 1814, commenced the study of medicine with Dr. William Donaldson, and graduated at the University in 1822; was Professor of Practice in the same 1843, was President of the Medical and Chirurgical Faculty of Maryland, 1848–51, Vice-President American Medical Association 1849; was superintendant of the Maryland Hospital for the Insane 1828–42 and 1869–76 and founder of Spring Grove Asylum. Died 1876, aged 78. He was an enlightened physician, a public-spirited citizen and a courteous gentleman. He early adopted advanced views in regard to the insane, to whose relief he devoted his life and means. See *Quinan's Med. Annals*, and *Balto. Past and Present*, 1871.

Early in 1844 Prof. Elisha Bartlett, of Massachusetts, was elected to the chair of Practice and accepted. He had held chairs in several of the leading schools of the United States and had just resigned a position in Transylvania University, where he succeeded Prof. Smith, to accept the appointment in Baltimore. He was a writer and lecturer of most distinguished ability and his early loss by the University would have been very deeply felt had it not been that his mantle fell on such an able successor.

A notable event of this year was the institution at the University of a course of lectures on pharmacy, under the auspices of the Maryland College of Pharmacy. On the 20th of April a communication was received from a Committee of the college* proposing to deliver a course of at least sixteen lectures in one of the lecture rooms of the University, provided permission were

†Hall says 43. His letter, *MS. Records*.

‡Hall's Impeachment

§Prof. Hall's brother was a member of the Board. Prof. Aikin, who was then in the Faculty, told the writer that this trial ought never to have taken place, and he thought Prof. Hall had been treated with great injustice.

*His competitors were Drs. C. C. Cox of Easton, Md., and G. C. M. Roberts of Baltimore. Prof. T's title is Midwifery and Diseases of Women and Children.

*His letter of resignation in *MS. Records* of University.

†Messrs. Reese, Grahamme and Stewart.

given the college to occupy a small room for their meetings and for the arrangement of their cabinet of specimens. The fee for the course was to be five dollars. On the 24th the Faculty were notified by their Dean that the arrangement had been consummated and that the college had instituted a chair of Practical Pharmacy.† The lectures of this course were delivered by Dr. David Stewart, an eminent pharmaceutist of Baltimore. Twenty lectures were delivered, two each week. At first they were held at night, then in the afternoon. The results were not encouraging, and at the close of the second session Prof. Stewart thought of resigning. No tickets had been purchased by the medical students, and only some twenty to thirty by druggists, of whom the maximum attendance was twelve to fifteen.‡ These lectures continued to be advertised in the annual catalogues of the University until 1847. They then appear to have been discontinued.

The Maryland College of Pharmacy was incorporated January 27th, 1841.§ Prof. Wm. Fisher had formed a plan for one in the spring of 1839, when he was stricken down with hemiplegia.‖ Dr. Thomas Buckler in the same year urged the importance of its establishment. At the annual convention of the Medical and Chirurgical Faculty held June 1–3, 1840, a committee was appointed, conjointly with a number of pharmacists, to plan an organization for a college of pharmacy and report at the next meeting.¶ After 1847 we hear nothing more of the lectures until 1857, when they were revived, and have been given without further break up to the present time. From 1858 to 1861 the college occupied the hall of the Medical and Chirurgical Faculty of Maryland, No. 47 N. Calvert Street, and during this period issued a quarterly "Journal and Transactions." The college now has a fine building on Aisquith Street, and a flourishing school.

†*MS. Records* of University.
‡Professor Stewart's Com. and MS. Records of University.
§The Phila. College was established 1821, the New York College 1829 (Wormley).
‖*Md. Med. and Sur. Jour*, Oct. 1839.
¶*Md. Med. and Surg. Jour.*, 1840.

During the winter of 1845–6 Prof. Bartlett remained in Europe, and Dr. William Power was appointed to deliver the lectures in his place. This he did with such satisfaction that on the resignation of Prof. Bartlett the following spring, he received the appointment of full professor.

Elisha Bartlett was born in Rhode Island in 1804. Received his medical degree from Brown University 1826. Held professorships in various branches in a number of schools in the North and West, and frequently visited Europe. Was Professor of Theory and Practice of Medicine in the University 1844–46. Died in Rhode Island 1855. Was the author of numerous works and articles upon medical subjects, but his best known productions are his treatises on *Fevers* (1842–1856, 4 editions), *Philosophy of Medical Science*, 1844, and *Inquiry into the Degree of Certainty in Medicine*, 1848. He was an able writer and teacher, and his writings are regarded as among the best productions of the American profession. Prof. Power said of his Philosophy of Medical Science that it was the most remarkable original work that had emanated from the medical press of America. Prof. L. P. Yandell said that for grace of manner and philosophical breadth of view the three works above mentioned would not suffer by comparison with any medical works in our language. Dr. O. W. Holmes says the Treatise on Medical Philosophy is as remarkable for elegance of style as for liberal and genial spirit and philosophic breadth of view; and of the Treatise on Fevers he says that it is invaluable to the American student and practitioner. See his life in *American Medical Biography*, written by Prof. S. H. Dickson.

The Mexicans have no confidence in a young doctor until he has had a couple of years practice. Then they make an inventory of his patients, and if he has cured more than he has killed they recognize him, no matter whether he has a diploma or not.

CREMATION.

OPINIONS OF SOME OF THE BALTIMORE PROFESSION.

Dr. H. H. Biedler says emphatically that he is in favor of cremation, and is guided in his judgment by sanitary laws, as well as by a desire for the reduction of the corpse into simple elements of a portable bulk.

Dr. George B. Reynolds expresses the opinion that cremation should never be permitted in cases of murder, poisoning, suicide, nor when foul play is suspected. Cremation is a good mode of disposing of dead bodies in time of epidemics, wars, floods or whenever the number of dead exceeds the facilities for natural interment. Cremation, in most, if not in all, other cases, should be left optional with relatives or friends of the deceased.

Dr. D. W. Cathell is of the opinion that cremation is not required, and will never supersede inhumation in this part of the world. I have practised medicine, he said, for nearly twenty-five years around Baltimore's principal burying-grounds, and have never known a single case of sickness traceable to them. With stinking garbage boxes in every yard; with our germ-producing sewers and our cesspool exhalations; our filthy gutters, our stable effluvia and our market-house debris; with our suburbs alive with disease-breeding slaughter-houses, dumps, pig-styes, manure piles, night-soil-using truck farms; with fertilizer factories, carcasses, weeds, gullies, stagnant pools and hundreds of other unsanitary foci staring us in the face; with dangers as much greater than inhumation as a camel is larger than a mote, the gain by cremation would be very small. Let us continue to bury our dead, with increased precautions against their affecting the living, and leave cremation to its dreamy partisans and Pagan history.

Dr. Thomas B. Evans says that cremation of the dead has been to him a subject of thought for some time, and he believes that it is the very best method to pursue. From a sanitary standpoint, it certainly has its advantages, and that is all-sufficient to the medical mind, that labors to prevent as well as to cure disease. I think, says Dr. Evans, that the prevention of disease is the grandest theme which our profession can discuss, and one of the very best means to employ for that purpose, is to incinerate the cause.

Dr. George H. Rohé thinks that any agitation in favor of the general adoption of cremation as a method of disposal of the dead would be both premature and unwise. So many directions exist in which medical men can profitably exert their influence for sanitary and other reforms, that he regrets to see activity wasted in pursuit of a chimera The following conclusions were appended to a paper by Dr. Rohé on this subject, published in the Transactions of the Medical and Chirurgical Faculty of Maryland for 1888. He knows no reason why he should change them now:

"1. Cremation is not necessary as a sanitary measure, under conditions prevalent in this country.

"2. Cremation has no advantage on the score of economy over interment.

"3. Cremation fails to meet the requirements of epidemics or wars so well as burial.

"4. Cremation is objectionable from a legal point of view, as criminal poisoning would often pass undetected if incineration were general.

"5. It fails to comply with the emotional demands of our nature, by substituting a harsh and unseemly procedure for the more poetic and sentimental slow dissolution going on in the grave."

Dr. James. A. Steuart has always approved of the practice of cremation, particularly on sanitary grounds. It will take a long time, he thinks, to overcome popular prejudice, but is glad to add his mite.

Dr. Herbert Harlan favors cremation and thinks cremation, as a general method of disposing of the dead very desirable. He sees but one objection, viz., that if the custom were in general use it could be used as a means of destroying evidence of crime in deaths by poisoning.

Dr. Hiram Woods stated that he had not given the subject of cremation suffi-

cient thought to make his opinion valuable enough for publication. So far as he looked into it, however, he could see many things in its favor from hygienic and economic points of view. These seem to him to outweigh the two most potent objections, (1) the possible concealment of crime, and (2) the "sentimental" objections. The prevention of the former will require some care, while common sense will remove the latter.

Dr. Lewis M. Eastman was most decided in his opinion on the subject. Life, he said, physical and spiritual, is dear to us all. Death affects only the body; and this it makes loathsome and revolting, even to those who loved it most in life. Cremation not only destroys this "hot bed of disease," but permits its elements, at once, to re-enter organic life. For this reason, he also opposes saving the ashes of the dead—let them be scattered over fields,—not of useless and harmful weeds, but useful and food-yielding plants.

Dr. Christopher Johnston expresses his warm approval of cremation for the following reasons:

1. It renders all mortal remains innocuous, and is therefore a great and important sanitary measure, protecting the health of communities.

2. It renders grave-robbing impossible.

3. It is a decent and economical mode of disposing of human remains.

4. It anticipates and prevents the painful attempts at the removal of human remains when succeeding generations demand the space they occupy for the needs of growing cities.

5. The possibility that in a small number of cases the evidences of crime can be destroyed by cremation ought not to outweigh the great benefits conferred by the destruction of the germs of death which menace the living by polluting the air of grave-yards, especially near the large cities, and the air of those cities themselves.

6. That errors of judgment as to the *fact of death* can never be followed by the frightful torments attributed to persons having been buried alive.

Dr. Edward M. Hartwell, of the Johns Hopkins University, was next questioned. He said it seems to him that cremation affords the safest and best means, from a scientific and sanitary point of view, for the general disposal of dead bodies; but popular prepossesions, grounded on sentimentality and superstition, in favor of coffins and inhumation, are so deep and strong that he sees little prospect that cremation will become either popular or usual, in America, in our day.

According to *Dr. Chas. C. Bombaugh*, the chief argument in favor of cremation is the all-important one of sanitation. In and around large cities, where every foot of ground is needed for the accommodation of a superabundant population, it avoids the overcrowding of cemeteries, and thereby prevents eventual contamination of air and water. In these days of progressive improvement its advocates contend that a lingering sentiment must give way to science, and the religious aspect of the question must yield to the sanitary aspect. With regard to the Christian view of the resurrection of the body, they consider it to be immaterial whether it moulders into dust or is converted into ashes. The most weighty argument against cremation is that of medical jurisprudence. In cases where subsequent appearances or discoveries create suspicion of criminal poisoning for the accomplishment of atrocious purposes, if the body is destroyed by fire, the anatomical and chemical evidence, and hence the means of positive detection, are destroyed with it. In the summation of testimony, much, of course, depends on the moral evidence derived from the surroundings, the non-medical facts which the physician, as well as other persons concerned, must weigh and measure. But the clinching witness is to be found in *post-mortem* analysis and demonstration, and those who are familiar with the statistics of crime and the large ratio of poisoning in every country have good reason to fear that if cremation were to become general, a considerable proportion of murderers of the Borgia school would escape capital punishment.

Dr. T. Barton Brune regards cremation as the most desirable method of disposing of our dead. To him the only

objection to it is a sentimental one; but this, unfortunately, is so popularly held that a long time and great perseverance on the part of its advocates will be needed to insure the general adoption of cremation. Perhaps the knowledge that the horrors of premature burial and of the resurrectionist are prevented by cremation may commend it to the sentimental public.

Dr Wilmer Brinton has no decided views in regard to the propriety or desirability of cremation. He recognizes, however, that under certain circumstances cremation is the most rational method of disposing of the dead, and believes that at some future time it will become popular in all the large cities of our own and other countries.

Dr. T. A. Ashby says that from a hygienic and sanitary standpoint cremation is the only rational method of disposing of the dead in large communites. Its practice should be enforced by the State in times of war, pestilence and epidemic. As the method of burial of the dead is sustained chiefly by custom and sentiment, it is possible to educate society up to the point of considering the great advantages of cremation in the interest of the living. With the rapid growth of population in the United States and the increasing tendency to concentrate this population in large communities, the time has come for a general movement of all classes of citizens in favor of cremation.

Dr. Samuel Theobald has long felt that the disposal of the dead by cremation is far preferable to the semi-preservation of the body by burial; and this is true, he thinks, whether we regard the matter from a hygienic or from a sentimental standpoint.

Dr. J. H. Hartman unhesitatingly says that he regards cremation as the only proper and sanitary method of disposing of the dead.

Dr. Chas. E. Sadtler thinks that for the large cities of modern times, with their frequent epidemics, the "decay and worm" method of disposing of the dead is a source of danger to the living, and he is entirely in sympathy with any concerted movement towards cremation.

Dr. Walter B. Platt considers the cremation of human dead bodies eminently proper and desirable, on sanitary as well as on economic grounds.

Dr. J. E. Michael confesses having given the subject of cremation very little attention. Personally he is entirely unprejudiced, and sees no objection to its being carried out when desired and when there is no mystery about the cause of death; but if it is generally adopted it will be necessary to attend to the matter of death certificates much more accurately and thoroughly than is done at present, or much crime which is now detectable by *post-mortem* examination and chemical analysis will go unpunished.

Viewing cremation from a sanitary standpoint, *Dr. R. W. Mansfield* thinks it best for the living, and it should therefore be more generally adopted.

Dr. F. T. Miles thinks cremation will be the mode of disposing of the dead in the future. This will be demanded by the micro-organism theory of the propagation of disease.

Dr. J. R. Uhler is, for sanitary reasons, highly in favor of cremation; as heat is the best disinfectant, and, after death from contagious diseases it should always be promptly employed. From a medico-legal standpoint I am opposed to cremation, as it affords an opportunity to get rid of evidence, especially in poisoning and life insurance cases. For the same reason I object to embalming by poisoning substances, and think for the present it is better to use the ice casket.

Dr. Joseph T. Smith says that his mind has been made up in favor of cremation for several years. He sees nothing but what is eminently proper in thus, in a clean, orderly manner, rapidly disposing of the body. So long as the return to dust cannot be prevented, the proper thing, it seems to him, is to hasten this return of the body to its natural elements by all the means in our power. Nature herself takes, I think, the proper course, and at death begins at once with her micro-organisms a rapid destruction of the body. I think cremation desirable in that it removes one great source

of infection of the earth's surface. This alone I think sufficient to render it desirable that all diseased bodies should be destroyed by heat, in order that there shall be no possibility of their infecting the ground of the living.

Dr. W. T. Councilman sees no objection to cremation.

Scientifically, *Dr. Randolph Winslow* believes that cremation is the best method of disposing of the dead, but he must confess to a certain amount of repugnance to it, practically.

Dr. N. G. Keirle's opinion is that from a hygienic and æsthetic point of view, cremation is more desirable than the present mode of disposal of the dead, which is an expression of emotion wrongly fashioned. Cremation, of course, should be subject to legal and medical restriction.

Dr. J. C. Hemmeter states that he is emphatically in favor of cremation. By explaining its method and advantages to the populace it cannot help but meet with general approval. It is certainly a more pleasing thought to have one's body return to its primitive elements at once than to have it rotted and corroded by various chemical fluids and animal forms. Besides, it is very probable that cemeteries act as sources of wholesale infection. To the great majority that constitutes the middle class of our people, cremation is more economical than burial; funerals have become very expensive ceremonies—this should not be overlooked.

Dr. J. D. Iglehart holds cremation both proper and desirable from a hygienic point, for all large cities; but the popular mind will have to be educated before it can be looked upon as a satisfactory substitute for the prevailing custom.

Dr. John F. Monmonier does not see the desirability or the propriety of changing the present mode of disposing of the dead for that of cremation. In the distant future it may become necessary to resort to a system of general cremation as a sanitary measure.

Dr. J. Mason Hundley opines that cremation offers many advantages over the more ordinary method of disposing of the dead, especially in large cities; but the idea is revolting to many, and it will require time—if ever it can be done—to educate the people in adopting it universally.

Dr. I. M. Cochel says that cremation meets with her approval. She thinks it the best manner of disposing of the dead in our large cities. It not only improves the sanitary condition, but according to her judgment, would materially assist in beautifying our cities and suburbs, by doing away with cemeteries, which give a gloomy appearance, no matter how beautifully arranged.

Dr. W. Winsey says that the propriety and the desirability of cremation, instead of inhumation as at present generally practised among us, must, for many years to come, in a country like ours, remain a matter of individual feeling and inclination. He thinks the conditions in this country, with few exceptions, are not such as to call for legislation upon the matter, in the absence of which the change of opinion in favor of cremation will be very gradual. Personally he would not object to having his body cremated.

Dr. Eugene F. Cordell is heartily in favor of cremation. The interests of the living have not been given their due weight in the consideration of the subject, which has further been obscured by too much sentimentality. In his opinion the demands of modern sanitary science can be met only by cremation. None of the objections to it seem to deserve any consideration except that it may sometimes be an obstacle to the detection of crime, and with proper safeguards even this objection may be practically done away with.

Dr. Henry M. Hurd says there are, in his judgment, grave objections to cremation from a medico-legal standpoint, which far outweigh its advantages from an hygienic point of view. Until population in America is denser and the lack of ground for burial purposes is more pressing he does not think it desirable to adopt cremation as a general means of disposing of the dead.

Dr. R. L. Randolph says that the cemetery system is bound to be a tem-

porary one. Burning does quickly what it takes putrefaction a long time to accomplish, and from a sanitary point of view the former is infinitely preferable.

Dr. B. F. Leonard thinks that in this comparatively young country cremation is not yet a burning question; but it has everything to recommend it. It is sanitary, it is cheap; it robs the tomb of its foulness and danger to health by inoffensively accomplishing a quick return to the elements; and to a reflecting mind it cannot arouse religious prejudice or legal objection, as there is ample opportunity to pay proper respect to the dead, and to investigate suspicious cases of death.

Dr. Edward E. Mackenzie thinks well of cremation, and trusts the time may come when all may think the same.

Dr. A. Friedenwald is opposed to cremation on the ground that the objections that have been made against interment for sanitary reasons have not been satisfactorily established.

Dr. W. D. Booker is inclined to the opinion that cremation is the best method of disposing of the dead.

Dr. P. C. Williams says: My opinion on the subject of cremation is this:

There are three aspects under which it presents itself: 1. Its religious aspect. "Dust thou art, and unto dust shalt thou return." It certainly makes no difference whether we return to dust through the rapid process of fire, or the slow process of natural decay.

2. Its appeal to one's feelings. Some shrink from the idea of our direct agency in committing our dear ones to the flames; but is the agency not equally direct if we commit our friends to the dust or to the waves, if they should have to be buried at sea?

3. It presents the condition of healthfulness. This is the clearest and strongest of all grounds upon which we can consider the question of cremation. When we see how rapidly all the cemeteries near our large cities are filling up, it becomes a serious question not only where space can be had for the burial of the unnumbered thousands that must be disposed of during coming generations; but it becomes a still more serious question how this innumerable collection of dead bodies may affect the health of our cities. On both these grounds it seems to me that sooner or later we will be driven to cremation as the only possible solution of rapidly increasing difficulty. If it must come to this ultimately, why not begin at once? When an act becomes inevitable the sooner it is done the better? Therefore, upon grounds of religion or ethics I see no objection; upon grounds of healthfulness there is not only no objection, but to my mind there will soon arise urgent necessity for cremation.—*Med. and Surg. Reporter.*

The new year at the Presbyterian Eye, Ear and Throat Charity Hospital has begun with much activity. During the month of January 1,071 new cases of eye, ear and throat patients have been entered on the hospital case book. These sick persons paid 3,005 visits to the free dispensary, being an average of 111 patients for each working day in the month; 68 patients have been treated in the wards of the hospital; 129 operations have been performed on the eyes, ears and throats of patients. This would be a very heavy month's work for any season of the year, and especially for the month of January, usually considered a dull season for a large attendance. It clearly indicates the steady growth of this special hospital, regardless of the number of general hospitals in the city. Dr. Wm. J. Jones of the University of Maryland has been put in charge of the throat department, vacated by Dr. J. F. Perkins, who now resides in New York.

From a report in the *English Medical Journals*, England is going through the tortures of the influenza.

Dr. Thomas Addis Emmet says that in his large experience during the past year he saw but three cases in which he regarded the removal of the uterine appendages justifiable. Other operators in New York average more than one operation a week.

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BALTIMORE, FEBRUARY 8, 1890.

Editorial.

CREMATION.

The problem of how to dispose of the dead is not troubling many minds; still, with the natural repetition of history and the attempt at reviving cremation, some few have brought forward their own and others' opinions.

The *Philadelphia Medical and Surgical Reporter* has been for some time obtaining and publishing the opinions of medical men in various cities on this subject, and there appears this week in the MARYLAND MEDICAL JOURNAL an extract from the *Reporter* containing the opinions expressed by a small part of the profession of this city.

In glancing over the opinions as given by men of different cities, one cannot but be struck by the fact of what little value these opinions possess. It is so evident that many of them are the result of hasty thought and immature reflection, that it seems a pity for the profession to commit itself carelessly on such an important question. With vague ideas as to micro-organisms, putrefaction, etc., etc., cremation is almost universally set down as the future method of the disposal of the dead.

Without wishing to express an opinion here, it need only be said that the dangers of inhumation have never been satisfactorily proven by the spread of disease or the infection of a neighborhood, except in a few reported instances in the case of violently contagious diseases. In a few instances cases of typhoid fever have been attributed to the pollution of drinking water by cemeteries.

If the danger of burial were so great, as many affirm, most of our large cities would be unfit for habitation. Of course many arguments in favor of cremation could be and have been brought forward and it may be that in accordance with the cyclical movement of ideas the twentieth century will adopt cremation as the only means of the disposal of the dead.

THE LATE DR. CHARLES O'DONOVAN.

In the hurry and pressure of our nineteenth century life, we are apt to give all our thoughts to the present and future and let the past be forgotten.

It is a great comfort, therefore, to notice the feeling remarks made by members at the recent special meeting of the State Society in memory of one who will not soon be forgotten. The profession will long remember that the one just

passed away is well deserving of all the high tributes expressed in all sincerity by his colleagues.

Obituary.

DR. CHARLES O'DONOVAN, SR.

At a special meeting of the Medical and Chirurgical Faculty of Maryland, on the 3d of January, Dr. Aaron Friedenwald, President, in the chair, the following resolutions were adopted:

Whereas, It has pleased the Almighty Ruler of the Universe to remove from us our lamented *confrère,* Dr. Charles O'Donovan, Sr., in the full maturity of his professional fame and usefulness; therefore, be it

Resolved, That while we humbly bow to the fiat of the *Supreme Will,* we desire to signalize our sense of the many noble virtues and manly qualities of our deceased friend and associate. Dr. O'Donovan was characterized by every virtue that adorns and ennobles an honest man and a faithful and skilful physician. Always frank and generous in his relations alike with the Profession and the public, he was endeared to a large circle of both, and no one among us could have passed away more sincerely lamented.

Resolved, That we tender our warm sympathies and sincere condolence to his bereaved family in their irreparable loss:

Signed, W. T. Howard, M, D.
G. W. Miltenberger, M. D.
W. C. Kloman, M. D.

In response to the above resolutions, *Dr. W. T. Howard* said:

If it be that an honest man is the noblest work of God, then Dr. Charles O'Donovan was one of Nature's noblemen. In all the relations of life he was always candid, frank, outspoken and generous. He loved all who were honored by his friendship, and bravely resisted in their absence any implication, by word or deed, upon their honor and merits. And no physician was more faithful to the patients committed to his care and skill, making no difference between the millionaire in his splendid mansion, and the humblest peasant in his comfortless home. All this sprung spontaneously from his noble nature and generous heart. Often in his professional rounds at night, when he thought that no human eye was resting upon him, he would silently walk up to the boxes in churches and public institutions, for the reception of contributions to the poor and needy, and empty his purse into them.

As a physician, he was eminently a naturalist or observer of Nature. While an industrious reader of modern medical literature, so quickly furnished in our day by numerous journals, enriched by contributions from the entire civilized world, he was much accustomed to rely upon the results of his own ample experience and observations, and in his practice he was apt to detect the relations between seemingly dissimilar things. His mind was marked by solidity and strength, rather than by brilliancy, and his earnest and honest nature disdained, it may be, at times somewhat brusquly, the artifices and devices by which some seek popular favor by masquerading behind a shield of polish and pretension, or the meek suavity and honied words of grasping avarice.

Dr. O'Donovan was a true believer in the truth of the Christian religion, and earnestly clung to the faith of his fathers in the Roman Catholic Church. He was wont, early every Sunday morning, to attend mass at the Cathedral, alike in sunshine or in storm. And Heaven grant that when each of us, one by one, shall be called upon to pay the great debt of Nature, we may be also ready for the summons, and, like our lamented friend, pass peacefully away into tombs, over which childhood and age alike may drop a tear.

Dr. George W. Miltenberger then said: It is one of the sad privileges of age, Mr. President, to drop a leaflet of personal

sorrow and professional regret upon the graves of our cotemporaries, who precede us, by but a short time, to the land of shadows. The death of Dr. Charles O'Donovan is indeed a loss to the community, a loss to the profession, a loss to those who have looked with trust and confidence to him in their hour of suffering and sorrow.

No man commanded, to greater extent, the respect of the community; no man was more esteemed by his large circle of devoted friends; no man enjoyed more fully the trust and confidence of those to whom he ministered. He was of a high type of manhood. His polestar, the key to his character, were conscience, faith, duty; a conscience void of offense to his fellow-man; a faith unswerving and undoubting; to duty true in all things, regardless of personal comfort or self-sacrifice.

There was no taint or blot upon the open record of his life. His character and conduct were clear and consistent. Professionally we all knew his skill, his ripe experience, his judgment, bold prompt, decided, and ever with the courage of his convictions, but with the kindliest sympathy devoted to his patients. Personally he was above reproach. He was the noblest work of God, a truthful, honest, honorable gentleman.

No smallness, no meaness, no equivocations, no paltering with truth or honor, for personal or professional advancement. He never failed a friend or feared a foe. The public and the profession can ill afford to lose such men.

Dr. J. C. Harris said: Mr. President, having nothing prepared, I am not like the other gentlemen who preceded me, in having had repeated personal consultations at the bed-side with the deceased, but personally I had very pleasant acquaintance for years, and always our intercourse was exceedingly pleasant in every particular. A few years ago, by accident as it were, I took a seat in the Eutaw street line of cars going north, where I met a prominent merchant, whose cousin was extremely ill and Dr. O'Donovan was attending and was the family physician of the merchant with whom I was riding, and in keeping with the addresses of the gentlemen who have just taken their seats, the merchant expressed the most implicit confidence in his judgment, and in his ability to treat the case, eulogizing Dr. O'Donovan in language I do not remember ever having heard surpassed, or even equalled concerning their family physician, and this incident only illustrates many other instances where I have heard him spoken of by his patients in the highest terms.

Miscellany.

DR. BACCELLI ON THE INFLUENZA IN ITALY.

From Rome, under date the 6th inst., we learn that the Professor of Clinical Medicine and President of the Medical Academy then, having been invited by the Royal College of Physicians of London to state his opinion on the alleged outbreak of influenza in Italy, has replied in an elaborate memoir to the effect that in Rome herself no true case of the disease has yet been admitted into hospital or reported at the Sanitary Office of the Municipality. Dr. Baccelli, however, proceeds to admit that it is extremely improbable that Rome, or indeed Italy, will be exempted from a visit of the influenza wave now making the tour of the Continent. He is persuaded, however, that when the visitation does occur it will present a decidedly attenuated character, and this on account of the higher temperature prevailing in Rome and the Italian cities as compared with that of the other populous centres of Europe. With a view to prophylaxis, Dr. Baccelli believes no other precautions are necessary than those ordinarily put in force during the prevalence of catarrhal or rheumatic affections due to cold. Since the issue of his reply, however, there has (our correspondent adds) been an undoubted visi-

tation of the disease in more than one Italian centre. In Florence, for example, some 400 soldiers of the garrison have had genuine attacks of influenza, some so severe that the means of transport from barracks to hospital had to be replaced by the ambulance bed. In the surgical wards, too, a gangrenous form has been rather suddenly assumed by indolent ulcers and traumatic lesions, due, it is believed, to the influenza microbe. The disease is also reported from Cesena and other towns on the Adriatic seaboard while, notably at Spezia, it has appeared in a very characteristic, if not actually dangerous, form on the Mediterranean littoral. In all these places it seems to obey the law it has observed in the European cities where it has been most severe to wit, a tendency to choose its victims among masses of the population living together under the same roof and the same sanitary conditions, such as garrisons, collegiate schools, and religious confraternities.—*Lancet.*

THE NECESSITY OF SANITARY SUPERVISION OF SCHOOLS.

Appreciating the fact that "as the twig is bent so is the tree inclined," Dr. Geo. H. Rohé, in *the Journal* for December 28, 1889, mentions the various unsanitary and unhygienic defects in and about schoolhouses, causing, principally, nearsightedness, pulmonary consumption, spinal deformities, nervous and digestive disorders and contagious diseases. The principal causes of nearsightedness are improper construction of seats and desks, bad lighting, the distance of objects to be seen, and the type, paper and printing of school books. These evils could be removed by remedying the above defects, and by appointing a sanitary commissioner or sanitary supervisor of schools, whose duties seem to be no sinecure. Such an officer must be not only a physician, but also a man with a very good knowledge of sanitary science.

Thomas's "Diseases of Women" has been translated into Chinese. It appears in five volumes.

ON THE GERMICIDAL ACTION OF BLOOD-SERUM AND OTHER BODY FLUIDS.

Dr. T. Mitchell Prudden (*Medical Record*, Jan. 25, 1890), in taking up the very interesting subject of immunity and protection from diseases in a most able article records the enthusiastic work of Metschnikoff, that of Nutall, a Californian, who gets different results from the Russian; also that of Buchner, Nissen and Lubarsch. He then proceeds to his own experimental studies taking the bacillus typhosus and staphylococcus pyogenes aurens. The fluids whose germicidal power tested were taken from the living body under strict antiseptic precautions and the technique was essentially that used by the German writers just mentioned. After making fresh and powerful cultures of the two organisms mentioned, he tried on them the effect of fresh ascitic and hydrocele fluid, and his conclusions, which are at every step proved by control experiments, show that fresh blood-serum possesses, though in different degrees in different animals, and in varying potency with the different bacterial species, a most marked germicidal power; that a similar germicidal power resides in fresh human non-inflammatory transudations and that this power is in some way dependent upon their albuminoid constituents.

FEES IN NEW YORK.

The professional fees in New York City are not so extravagant as they are generally believed to be, The general practitioner averages from two to five dollars per visit, according to pecuniary condition of patient. The average fee for visit to the wealthy is five dollars. The office consultation of an expert or general consultant is, ten to twenty-five dollars for the first visit and five to ten for succeeding ones. The fee for a consultation visit varies with the reputation of the consultant and the ability of the patient, from ten to twenty-five dollars. Visits out of town are usually from ten to twenty-five dollars per hour of absence

from home, plus the traveling expenses and regular consulting fee of twenty-five dollars. Surgical operations are rated according to character, time, skill, and range, from 100 up into the thousands. The operation fee is charged for as extra of that for time when away from home. Night calls are twice the amount of day services, whether ordinary or consulting visits. Notwithstanding these accepted rules, there are not a few here who can charge much higher fees—in fact, name their own price and get it. On the other hand, there are many younger men in the profession who are content to average a dollar a head for every patient they see, whether in their office or on the top floor of a six-story tenement in the rear. This is true, although we would not like to have it repeated.—*Med. Record.*

LAVERAN'S ORGANISMS--THEIR VALUE IN THE DIAGNOSIS OF MALARIA.

Dr. Wm. Osler (*Johns Hopkins' Bulletin*) says:

Briefly, to summarize for the information of those who may not have access to monographs on the subject, the following are the important facts relating to these organisms :

1. In the acute forms of malaria there exist, within certain of the red corpuscles, amœboid bodies, usually pigmented, which undergo a definite evolution, increasing in size, gradually filling the entire corpuscles, and which, prior to, and during the chill, undergo a remarkable segmentation. There are also, in some cases, free pigmented bodies. To the form within the corpuscles, which undergo changes, the term *plasmodium* has been applied. Occasionally in acute forms, flaggellate bodies are seen free in the blood, presenting from three to eight long, actively moving cilia. According to Councilman, these are much more common in blood withdrawn from the spleen.

2. In more chronic cases, particularly in the forms of remittent fever, which are so apt to be taken for typhoid, the corpuscles do not so often present the intercellular forms, but there are remarkable ovoid rounded and crescented bodies deeply pigmented. These are in all probability related to and developed from intercellular forms. From certain of these, particularly the ovoid and rounded forms, the flaggellate bodies may be seen to develop. Dr. Ghriskey has recently been studying the evolution of these forms in the Clinical Laboratory, and has been able to demonstrate on many occasions the development of the flaggellate bodies from ovoid-rounded forms.

PREVENTION OF CONSUMPTION.

The health department of the City of Providence has issued the following circular .

"Consumption causes more deaths than any other disease the human race is subject to. Nevertheless it is to a very large extent preventable. It is, though not generally known, a contagious disease. Consumption, or pulmonary tuberculosis, is in every case caused by disease germs which grow in the lungs in enormous numbers. When a person is sick with this disease these germs are coughed up in great quantities in the expectoration, and when this becomes dry and crumbles, or is trodden to dust, the germs float about in the air and are liable to be breathed into the lungs of any one. If the lungs of the person who does breathe them are poorly developed, or if the constitution is feeble, the germs are very sure to grow and cause the disease. Unfortunately, we do not know how to kill them when they are once in the air passages. The best that can be done is to build up the system and strengthen the lungs by the use of cod-liver oil, good food and fresh air.

"Much, moreover, can be done to prevent the spread of the disease by destroying the germs as completely as possible in every case.

(1) "No person with consumption should ever spit on the floor or in the street. If handkerchiefs or bits of cloth are employed they should at once be dis-

infected or burned. A good plan is to use a small wide-mouthed bottle with a rubber stopper. The contents should be thrown into the fire and the bottle and stopper thoroughly scalded with *boiling* hot water every day.

(2) "The dishes used bp a consumptive should be at once scalded, and the unwashed underwear and bed clothing should be thoroughly boiled as soon as possible.

(3) "When a person with consumption has diarrhœa, the discharges from the bowels should at once be disinfected, as at this time they contain the disease germs. A good way is to add a half teacupful of fresh chloride of lime, or fill up the chamber vessel with *boiling* water.

(4) "No one with consumption should sleep in the same room with another person, and the room occupied by a consumptive should be thoroughly cleansed as often as possible.

(5) "No mother with consumption should nurse an infant, and children ought never to be taken care of by a consumptive person."—*Boston M. and S. Journal.*

REGULATION OF THE PRACTICE OF MEDICINE IN THE DISTRICT NF COLUMBIA.

Senator Ingalls has introduced a bill into the Senate establishing a Board of Medical Examiners for the District of Columbia. The bill provides that the Board shall consist of ten physicians or surgeons, three dental surgeons, and, in addition, five homœopathic practitioners of medicine. The term of office shall be four years.

The members are to be appointed by the District Commissioners, and the Board is to prescribe rules and regulations for the examination of alll candidates for the practice of medicine appearing before it. The Board is to examine all persons of either sex appearing before it and when an applicant shall have passed a satisfactory examination the President of the Board shall grant to such a person a certificate to that effect. Examinations are to be practical, and no candidate is to be kept waiting for an examination for a longer period than thirty days. Re examinations can be held at the expiration of three months.

Any person obtaining a certificate from the Board shall register the same at the health office and shall then be allowed to practise the branch in which he has passed the examination and no person shall commence the practice of medicine, surgery, or dentistry in the District who has not first obtained such a certificate.

No person not a registered practitioner of medicine shall offer for sale any drug, nostrum, etc., without first obtaining a certificate from the Board setting forth that the said article may be offered for sale.

Violations of the act are to be punished by a fine of not less than $20 nor more than $100, or by imprisonment for not less than thirty days nor more than 365 days, or by both.

Nothing in the act is meant to affect the business of registered pharmacists or of physicians called in for consultation from other cities.—*Boston Med. and Surg. Journal.*

At the annual meeting of the Board of Directors of the New York Post-Graduate Medical Hospital, the following officers were elected for the ensuing year: President, Dr. D. B. St. John Roosa; Secretary, Dr. W. Oliver Moore; Treasurer, Dr. L. Bolton Bangs. The school is very prosperous. More than four hundred graduates of medicine attended the courses during the year from all parts of the continent. The hospital treated 332 adults and 165 babies during the year. No less than 32,194 patients visited the dispensary.—*Boston M. and S. Journal.*

Doctor: "Well, Dennis, did you take the pills I sent you?" *Dennis:* "Indade, docthor, an' I did not; ye wrote on the box 'One pill three times a day,' an' I've been waitin' till I see you to ask you how a man was to take a little bit av a pill loike that three times in wan day?"—*Harper's Weekly*

Medical Items.

There are said to be many cases of measles in the city.

The Medical Society of the State of New York met at Albany this week.

Dr. John Chew Gibson a prominent physician of St. Michael's died last week.

Dr. Thos J. Graham of Frostburg shot himself at his home last Monday.

The wife of Dr. S. T. Earle died last Sunday,

Small-pox prevails in Mexico, and quarantine has been declared along the Texas line.

Professor Moritz Rosenthal, the well-known electro-therapeutist of Vienna, died on December 30th in the 55th year of his age

The Semi-Centennial of Baltimore College of Dental Surgery, the oldest Dental College in the world will be celebrated on March 20th.

Dr. Richard D. Lee one of the leading physicians of Harford County, was found dead in his carriage on the road near Belair last Monday. He graduated in 1848 at the old Washington Medical College in this city.

The *N. Y. Medical Journal* bewails the decay of obstetrics as shown in the lack of papers on that subject including puerperal fever, septicæmia, etc. The editor had better remove to Baltimore and he will tell a different "tale of woe."

The Report of the committee on Nostrums from the American Association for the Study and Cure of Inebriates, through its chairman, Dr.N.R. Bradner of Phila., shows that of fifty different proprietary preparations sold for special usefulness in the reformation of intemperate habits all and each contained alcohol in varying proportion from 6 to 44 per cent.

The report of the Health Department of this city is very complete and full of interest; the statistics furnished fully substaniate the claim made that our city is the healthiest of its size in this country, and its death rate of 17.40 per 1,000 during the past year was as low as any city of its size in the world, and exactly the same as London, England.

Dr. Hermann Brehmer, the founder of the famous Sanatorium for Diseases of the Lungs at Goerbersdorf, in Silesia, died there on the 23rd. inst. His sanatorium was the first of its kind, the model after which all others were established. His literary work was on the "Cure of Chronic Consumption," in which he maintained the then bold paradox that consumption was curable. Some of the greatest living authorities on consumption have been his assistants—namely, Dr. Geo.Cornet,whose investigations concerning the propagation of tubercle bacilli are well-known; Dr. Petri, of the Imperial Health Office; Dr. Dettweiler of Falkenstein; and Dr. Roempler, of Goerbersdorf.

In reponse to advancing public sentiment, the University of Maryland, Medical Departmcnt, and the College of Physicians and Surgeons, of Baltimore, have bothadvanced their standard ofrequirement. It is to be hoped that the other Baltimore Medical Schools will follow, or better, make still more advanced requirements. With the Johns Hopkins school as their neighbor it would seem as if medical education in Baltimore should lead the United States.—*Exchange.*

Prof.Wm.A. Blair A. M., Superintendent of Schools of Winston, N. C., who has an enviable record as a scholar and teacher, has lately been honored by The National University of Chicago by an election as Associate Professor of Pedagogy. Prof. Blair will inaugurate the famous English University Extension system in the South, having charge of the Pedogagy and perhaps of the Institute for Bible study.

Nothing better illustrates the progressive spirit of the South than the ready introductson of the best modern educational methods, and we believe our teachers will heartily second Prof, Blair's efforts in their behalf.

Original Articles.

A CASE OF MELANOTIC SARCOMA OF THE CHOROID.*

BY HIRAM WOODS, M. D.,

Assistant Surgeon at the Presbyterian Eye, Ear and Throat Charity Hospital, and Professor of Diseases of the Eye and Ear at the Woman's Medical College, Baltimore.

Intra-ocular tumors belong to the dangerous eye diseases. Not only is sight destroyed, but even life is threatened, and often the fatal result is inevitable when the patient is seen for the first time. Sometimes the symptoms point clearly to a new growth, which is readily diagnosticated. Again, the patient does not complain of anything which suggests the real trouble, and a positive diagnosis is impossible, even after a careful examination.

Sarcoma is the growth usually found within the eye, and the retina and choroid are the common starting points. The term "*glioma retinæ*" was given by Virchow to a growth which is nearly always seen in early childhood. It is hardly known after the twelfth year, and most commonly occurs before the fourth. According to Alt (Lectures on the Human Eye), "Virchow called this new formation *glioma*, because it originates in the soft connective tissue of the retina, which is analogous to the neuroglia of the brain, and because it appears to be identical with the brain tumors described as gliomata." "At the same time," says Alt, "Virchow stated that it was 'difficult to distinguish between glioma and sarcoma.'" Authors now, while retaining the name glioma, describe the growth as a round cell sarcoma. This tumor, if seen early, is found to consist of one or more little masses in the retina. It soon destroys this membrane, involves the choroid, and spreads along the neuroglia of the optic nerve. It does not produce pain, and the child is scarcely ever seen before the enlarged pupil, with the yellowish white reflex caused by the tumor, which fills the vitreous chamber, attracts attention. If the eye be left alone, the cornea eventually becomes necrotic, and the mass thus bursts into the orbit. Alt says this retinal sarcoma, or glioma, rarely perforates the sclerotic. After enucleation, which should be done at once, the optic nerve is usually found infiltrated, and the growth eventually returns in the orbit, proving fatal, either by direct extension to the meninges, or by exhaustion. Several cases of this character have come under my observation at the eye hospital.

Sarcoma of the choroid, on the other hand, rarely appears until after middle life. It is almost always of the melanotic or pigmented variety, but a few cases of unpigmented sarcoma have been reported. The tumor generally grows from the ciliary region of the choroid. The etiology is not known, but their starting in the *choroid* can reasonably be attributed to the recognized tendency of pigmented tissues to develope melanotic growths. They are known to sometimes follow an injury, and Sœlberg Wells says, "they occur frequently enough in eyes destroyed by irido-choroiditis to justify the suspicion of a causative relation." The tumor grows in towards the vitreous chamber, at first pushing the retina before it. This membrane, says Wells, subsequently becomes detached on account of a serous effusion, and this detachment may be so large as to completely hide the growth, until the latter has attained sufficient size to fill up the space beneath the detached portion. At the same time, the vitreous shrinks and becomes cloudy, and the lens may be cataractous. These results make an examination very difficult. The tension of the globe is apt to be increased, giving rise to glaucomatous symptoms. Schmidt-Rimpler ("Ophthalmology and Ophthalmoscopy," recently edited in this country by Dr. Roosa, of New York), states that suppuration of the vitreous and phthisis bulbi may occur during the course of the disease; also the neoplasm becomes extra-ocular from "extension to the optic nerve, perforation of the walls of the globe, or by development of independent orbital foci." Loss of sight

*Read, with exhibition of Specimen, before the Baltimore Medical and Surgical Society, October 24th, 1889.

and ciliary neuralgia are the most prominent symptoms.

Metastatic deposits occur in remote parts of the body; most frequently in the liver, lungs, brain and kidney (Wells). The prognosis, however, is not necessarily hopeless, if the eye is enucleated before the growth has become extra ocular by continuous extension.

This brief outline of the course of the growth and of its secondary results will suffice, I think, to show how difficult a positive diagnosis may be before the ball has been removed. It is impossible to feel the neoplasm, it produces no external deformity, its symptoms are identical with those of many other diseases, the secondary troubles greatly increase the difficulties of an ophthalmoscopic examination, and the rarity of the growth may prevent the examiner even thinking of its presence when he easily finds trouble enough to account for all the symptoms. Persistently recurring glaucoma, unrelieved by iridectomy, has been found to be due to a sarcoma of the choroid, when the eye has been removed to relieve pain (Wells). The same error has been made with each of the complications mentioned above.

I have seen only two cases of this trouble, *i. e.*: only two cases which were thought to be sarcoma of the choroid, and in which subsequent enucleation proved the suspicion. That others may have applied at the hospital and the diagnosis missed, is quite probable. One was that of a man, 37 years of age, who had lost the sight of the right eye, and who suffered persistent pain in the globe. A detached retina and a marked protrusion into the vitreous were found on examination. Dr. Chisolm enucleated the eye, and this protrusion, which could be very indistinctly seen in the cloudy vitreous before removal of the globe, proved to be a melanotic sarcoma.

The other case was the following: Mrs. N. 57 years of age came to the hospital on the 19th of August 1889. She brought with her a diagnosis of cataract. She stated that the vision of the left eye had been slowly failing for two years, and had been destroyed for four months. She suffered almost constant pain in the eye and temple. External examination revealed a moderately dilated pupil which did not respond to daylight. There was no other defect noticeable. Tension was slightly *less* than in the *right* eye, and any pressure produced intense suffering. Ophthalmoscopic examination revealed several spots on the capsule of the lens from old iritic adhesion. The patient did not remember any previous eye disease except the slow failure of sight, and the "neuralgia,"—at first intermittent, then persistent. The pupil responded feebly to strong oblique illumination. The lens was clear. The vitreous was cloudy, with floating particles. The fundus presented no lesion except at its outer and upper part. Here was what I first thought was a large detachment of the retina. The vessels could be distinctly traced over this protrusion, which presented a dark grey appearance, such as one would expect to find in detachment of the retina. There were three features in the case which induced me to think this retinal protrusion was more than a mere detachment: (1) the latter trouble *alone* would not cause intense and persistent pain, greatly aggravated by pressure: (2) the *position* of the detachment was unusual. Even if it had commenced above, it should have soon involved the lower parts of the fundus: (3) the retina did not *fluctuate i. e.* was not thrown into folds when the patient moved the eye. This indicated that there was rather a displacement than an actual detachment of the membrane. The lessened tension made against a growth, but not much thought was given to this. I concluded that the woman had an eye probably first destroyed by irido-cyclitis: that this protrusion was either an inflammatory mass or else a sarcoma, more probably the latter. The condition was explained to her and her son, and enucleation advised. On the 21st. they consented, and the eye, which I now show the Society, I enucleated on that day, the woman being under the influence of chloroform. After removing the eye, and finding its condition, I dissected out as much as I could of the optic nerve, and carefully examined the orbital tis-

sues, but could find no appearance of a secondary growth. The relief to pain was prompt. The patient went home on the 23rd., and had been easy up to September 30th. when I last heard from her.

The tumor is found to be almost perfectly spherical in shape, attached firmly to the upper and outer part of the fundus. Its attachment comes almost up to the ciliary region, and extends backwards about three-eighths of an inch. No serous effusion was found just after enucleation, between the growth and the retina. The growth had perforated the sclerotic between the posterior pole of the eye and the insertion of the external rectus muscle. There is every probability of return sooner or later within the orbit, even if there are not already secondary metastatic deposits in remote portions of the body.

Dr. R. L. Randolph, Pathologist of the Presbyterian Eye, Ear and Throat Charity Hospital, has kindly made a microscopic examination of the tumor. He reports as follow: "The tumor is made up principally of spindle shaped cells, though stellate and round cells are to be seen not infrequently throughout the structure. The distribution of the pigment is universal and not confined to any one spot. As is the rule the pigment is to be located in the body of the cell. The intercellular substance is scant. The vascularity of the growth is considerable. It is a typical melano-sarcoma of the choroid."

LAPAROTOMY FOR ECTOPIC PREGNANCY, WITH REPORT OF A SUCCESSFUL CASE.

BY THOMAS A. ASHBY, M. D.,

Fellow of American Gynæcological Society, Professor of Diseases of Women in Baltimore Medical College, etc.

(*Continued from page* 284.)

A careful study of ectopic pregnancy in its various stages of development up to and after the period of rupture presents such a picture of abnormality and of imminent danger to the woman, that we may approach the treatment of the condition with the strongest conviction of the importance of immediate action. The only uncertain quantity in the equation seeking solution is the single one of diagnosis. Just here we meet with those extremes of opinion which the most careful observers are prone to present. Mr. Tait, which characteristic frankness, the outcome of an unprecedented experience, asserts that a positive diagnosis cannot be made prior to tubal rupture, and under these presumable circumstances with no reliable certainty, until the abdomen has been opened and the ruptured fœtal sac and contents are found. As opposed to this view, Dr. Horace T. Hanks has stated that a positive diagnosis can be made in 95 per cent. of cases we are called upon to attend (*Transactions American Gynæcological Society*, Vol. 13, page 368), prior to tubal rupture.

The facts of the case seem plain to one who will collaborate the experience of those who have treated ectopic pregnancy by these several methods. The electricians, who prove nothing by their methods of supposed fœticide, are most positive of an accurate diagnosis, whilst those men who open the abdomen and seek to confirm their opinions by direct proof are far less positive of the diagnosis until the evidence is presented in this manner. With the former class of observers the supposed arrest of fœtal development is confirmatory proof of an erring judgment; with the latter class the suspicion is confirmed by actual demonstration. The statistical value of the two methods of treatment is about as reliable as the *rationale* of the two methods of diagnosis. I must side with those who ask for a visible sign, and not with those who accept conclusions upon unreliable testimony.

Practically speaking, the surgeon who starts out to find a tubal pregnancy, must rely upon symptoms and indications and then seek to verify his suspicions by direct proof. At the very outset of this still-hunt for ectopic pregnancy, we are confronted with the fact that in the fewest number of cases prior to the eighth

week are there present, either symptoms or indications calling attention to the condition until it has been announced by shock, pelvic pain, collapse and unmistakable evidences of intra-abdominal hæmorrhage. In other words, tubal rupture has actually taken place in advance of grave suspicion. In the very early weeks, if symptoms are present they are for the most part speculative, and therefore largely unreliable. In point of fact there is no reliable route to an accurate diagnosis, except through an abdominal incision. We have therefore the most logical ground for making an exploratory incision with a view to diagnosis and removal of the fœtal sac prior to its rupture.

Laparotomy is, in my judgment, positively indicated the moment a growing intra-pelvic tumor is found, and especially so when the symptoms and history point to a pregnant state.

The operation of primary laparotomy, it has been claimed, was performed for ectopic pregnancy for the first time in this country by Dr. Jos. Price, of Philadelphia, in September, 1887. The proposition to establish the primary operation as a legitimate surgical proceedure originated with Dr. J.E.Janvrin, of New York City, in 1886. The operation performed by Dr. Price may be regarded as purely accidental. Dr. Price presumed that he was dealing with a pyo-salpinx, and in removing this supposed condition, discovered that he had removed a tubal gestation. Whilst the credit of the first successful case has been conceded to him, the plan and purpose of the operation must be referred to the prior suggestion made by Dr. Janvrin.*

I have asserted in this paper that we have the strongest grounds for making an abdominal section the very moment the pregnant condition is suspected or positively determined. Any other method of dealing with extra-uterine pregnancy simply invites further complications and embarrassments. If this statement holds good for primary laparotomy, it applies with far stronger emphasis to those cases in which a rupture of the sac has occurred. Here we are brought face to face with positive symptoms, and no postponement seems justifiable unless it be in those exceptional cases in which hæmorrhage and shock are insignificant and septic trouble does not follow, but even here we are again inviting danger by an over-confidence in the reparative forces of nature.

I have previously stated that a rupture of the tube into the peritoneal cavity or into the folds of the broad ligament does not necessarily destroy the viability of the fœtus. The primary rupture may be followed by mild and harmless symptoms, and we may hastily assume that no further trouble will occur. This may prove true, and yet in other less favored cases the growth of the fœtus continues until secondary rupture supervenes with alarming if not fatal results. This latter result happened in Mr. Tait's early experience, and it is by no means an improbable winding up in those cases which have successfully weathered through a primary rupture. That the fœtus will continue to develop after tubal rupture, whether primary, secondary or tertiary, is an established fact, hence it cannot be assumed because shock and hæmorrhage do not prove of sufficient urgency to demand a laparotomy at the time of rupture, that no further trouble will supervene.

The woman is by no means safe so long as she carries around in her pelvis a living fœtus, or a dead one with its secundines, blood clots and injured tubal appurtenances. If she escapes trouble, the result must be attributed to uncommon constitutional vigor and fortunate combination of circumstances, and not to the workings of a co-ordinated and reliable reparative process.

The following case will illustrate the behavior and subsequent conduct of these cases of ectopic pregnancy after tubal rupture, and the necessity for a laparotomy to dispose of the results after the fœtus has long perished.

Mrs. D., aged twenty-five years, married five years, mother of one child, aged

*Since the foregoing was written I have been informed by Prof. Howard A. Kelly, of the Johns Hopkins Hospital, that he did the primary operation on March 20th, 1886, and removed a small fœtus 4¾ inches in length, in the intact right tube. This patient recovered, and in January 1887 was delivered of a living female child.

four years. Health good up to February, 1889, and menstruation regular. Menstruation ceased in February and March. She suspected that she was pregnant, but there were no positive symptoms referable to this condition. The last of March she was seized with violent pain in the left ovarian region. Her family physician, Dr. George R. Graham, of this city, was called in, and upon examination detected a small movable tumor to the left of the uterus and very low in the pelvis. He suspected a tubal pregnancy, placed his patient in bed, and kept a close watch over her case.

On April 9th, Mrs. D., was seized with violent pain in the region of the left ovary, which was followed by a slight shock and collapse. Dr. Graham was called in, and found that the tumor had disappeared. Next morning menstruation reappeared, but pain continued. I was invited to see the case in consultation, and after hearing the history, was strongly in favor of Dr. Graham's diagnosis. Chloroform was administered and a thorough examination made. No satisfactory condition could be made out. There were some slight indications of a small movable tumor to the left of the uterus deeply seated in the pelvis.

An expectant plan of treatment was advised, and the patient carefully watched for indications for interference. Through rest in bed the pain soon disappeared, and in a few days the patient was able to resume her domestic duties. She continued well until the first week in June. At this time violent pain returned in the left ovarian region, and her suffering became so marked that anodynes failed to relieve the increasing distress. This continued until June the 10th., when I was again invited to see the case. At this time a small movable mass was felt in the left pelvic region. The patient had emactated, was growing exceedingly nervous, was debarred from all domestic occupation, and insisted upon some method of relief. After stating the probable cause of trouble, a laparotomy was proposed and promptly accepted.

On June 11th, with proper assistance I made an exploratory incision, and upon introducing the index finger succeeded in finding a tumor mass in the pelvis to the left of the uterus. The incision was enlarged, and after some difficulty the tumor was brought into the field of vision. In attempting to draw it through the incision the sac ruptured and several ounces of clear ascitic looking fluid escaped. The mass was then drawn through the opening, ligated and removed. It proved to be a blood clot in the left ovary, partially ruptured into the folds of the left broad ligament. The clot was not larger than a walnut, but was enclosed in the cyst which I had ruptured. The patient made a prompt recovery, and was free from pain within twelve hours after the removal of the tumor. The specimen was presented to Prof. W. H. Welch of the Johns Hopkins Hospital, for examination. I herewith present Prof. Welch's most instructive report.

EXAMINATION OF SPECIMEN OF OVARIAN OR TUBO-OVARIAN FŒTATION REMOVED BY DR. T. A. ASHBY.

The specimen when received had been hardened in alcohol so that some allowance for shrinkage must be made in the measurements given in this report.

The specimen is composed of the lateral extremity of the Fallopian tube, the ovary, a sac containing blood coagula and fœtal membranes, and a unilocular cyst with the corresponding part of the ligamentum latum. These constituents form a single mass removed by cutting through the Fallopian tube, broad ligament and adhesions.

The Fallopian tube measures twelve ctm. in length. Its ovarian fimbriated extremity can no longer be recognized, being lost in the wall of the fœtal sac and ovary. The lumen is obliterated after the tube becomes incorporated with this wall. The lumen in the remainder of the tube is patent and of normal dimensions. The remnants of old fibrous adhesions are present on the peritoneal covering of the tube.

The ovary, the fœtal sac and the altered ovarian extremity of the Fallopian

tube form one continuous mass, the main part of which is composed of the ovary and fœtal sac. This mass measures 6½ ctm. in length, 4½ ctm. in width (antero-posterior) and four ctm. in third diameter, the whole mass being irregularly oval.

The outer layers of the ovary are continued into the outer wall of the fœtal sac. This sac, which has been widely opened, measures three ctm. in diameter, and projects from the uterine and the superior part the ovary. It is adjacent to a corpus luteum measuring two ctm. by one ctm. and presenting a festooned margin around a central blood clot of yellowish brown color. Microscopically, the festooned margin presents the character and arrangement of cells usually found in corpora lutea.

The wall of the fœtal sac averages about 3 or 4 mm. in diameter and presents a cavity containing a large quantity of extravasated blood. In this extravasated blood and in the margins of the central cavity are present typical branching chorion villi, so unmistakable that there can be no doubt of their nature. No trace of the embryo itself can be found in the already opened sac. As a part of the wall of the fœtal sac, the ovary containing Graafian follicles, the beforementioned corpus luteum and microscopically numerous ova in abundance are present, measuring 3 ctm. in length and 15 mm. in width.

As already mentioned, the lateral extremity of the Fallopian tube is lost in the wall of the sac, and here the lumen disappears, not being continuous with the interior of the fœtal sac.

There is a thin walled unilocular cyst, already opened, lined by cylindrical epithelium provided with cilia, situated between the layers of the broad ligament, and in contact with the Fallopian tube. This sac is 6 ctm. in diameter and appears to be a parovarian cyst.

Diagnosis: There is no doubt that the case is one of ovarian fœtation. It is not possible to exclude positively the participation of the wall of the tube in the formation of the sac containing the fœtal remnants, so that the case may be possibly a tubo-ovarian pregnancy.

The parovarian cyst is without any relation to the extra-uterine fœtation.

WILLIAM H. WELCH.

Nov. 1, 1889.

GONORRHŒAL RHEUMATISM.*

BY DAVID STREET, M. D.,
OF BALTIMORE.

I desire to call the attention of the Society this evening to that peculiar and severely intractable disease known as gonorrhœal rheumatism, by relating three cases which it has been my duty to attend. I have been prompted to suggest this subject, trusting the discussion which may follow may shed light on this obscure disease.

CASE 1.—Was a young man about 21 years of age, robust, plethoric and previously healthy, to whom I was called June 22, 1888, at his place of business. I found him suffering from an attack of orchitis, occurring during progress of case of gonorrhœa. Saw him again June 23 at store, and at my office June 25. He had had gonorrhœa for four weeks, and during that time had been under care of a physician. After prescribing for him, I saw him no more until I was summoned to his bedside June 27th. I found him suffering from rheumatic pains in muscles and joints, but not localized, in addition to orchitis. The orchitis soon subsided, but rheumatism grew worse, involving the left knee and right hip-joint. The pain in the knee was not at any time severe and joint was well in a few days. But the affection in the hip grew worse, swelling ensued, excruciating pain was present and worse at night, the soft parts over joint became reddened and exquisitely tender, and the condition was maintained around the thigh in front and slightly above the groin.

During the progress of the case, the temperature varied from 100° to 103° during acute stage and afterward fell to normal. The pulse ran up to 120 and at times to 130 per minute, emaciation

*Read before the Medical and Surgical Society of Baltimore, October 24, 1889.

progressed rapidly and became painfully prominent, anæmia profound, skin pale, and extreme debility pronounced.

After about four weeks treatment with sodium salicylate, potass. iodide in large doses, wine of colchicum, alkaline carbonates, quinine, etc., etc., with soothing liniments to the joints, the patient gradually grew better, temperature fell to normal, but the tenderness remained ever present in right hip joint, and opium had to be given at intervals. Patient getting no better, I applied extension to the leg by attaching weight to a cord and running over the foot of the bed. After treating patient on this plan during June, July and August, I succeeded in getting him out of bed and on crutches.

He improved very slowly, under tonic treatment of iron, quinine, liberal diet and rubbing of joints. I discharged him at end of five months and ten days from the time of first seeing him. I do not recollect whether he had conjunctivitis. I regret to say that, despite my utmost precautions, he has partial anchylosis of the hip joint and is slightly lame to this day, otherwise he is well and in good health.

Case 2.—Young woman about 22 years of age, fleshy. Domestic, who came to my office April 7th, 1888, and asked to be treated for gonorrhœa, which she had contracted. She came several times; I gave her the usual remedies. She became much better and I saw her no more until called to see her June 14th. I found her with tonsilitis; discharged her after third day. I was called again June 19th, and found her with moderate swelling of parotid gland and pain in muscles of neck; this was followed by rheumatism of a mild form, pain and swelling of wrists and shoulders, and general malaise and slight rise of temperature; discharged her, much better, after about one weeks treatment with salicylate of soda, and anodyne liniments to joints. I was called to see her, at her home in the suburbs, August 11th, and found her confined to bed, having already had rheumatism for about two weeks. I found the attack had begun about three and a half months after contracting gonorrhœa. At this time she was much emaciated, markedly anæmic, and suffered from extreme pain in left knee joint, the only one involved. Synovitis was well developed and sac bulging prominently above the knee. Slight rise of temperature, pulse ranged from 110° to 120°. She had marked conjunctivitis in both eyes, which subsided in about one week; the tongue was furred and anorexia persistent. Pain was intense during the night and opium in the form of deodorized tincture had to be given in liberal doses before relief was obtained. She could not bear the slightest touch on joint, and mental depression was noted. Emaciation was so marked in this case that the patient seemed to have shrunken in flesh and the angularity of skeleton became well marked. Treatment consisted of salicylate of sodum in large dose, and wine of colchicum, first week, followed by potass. iodide gr. x, increased to xx three times daily, followed by syrup ferri. iodid. and general tonic treatment. The joint was wrapped in cotton batting and tightly bandaged and placed in comfortable position on pillows. This dressing was removed occasionally and tincture iodine applied until vesication resulted. She gradually grew better, suffering with occasional relapses. After the acute pain subsided, passive motion was regularly performed, and friction with liniments advised. I discharged her a few days ago, having attended her in this case for three months. Knee joint considerably enlarged, this enlargement seeming to involve bone as well as periarticular tissue and synovial membrane. She, like case 1. has partial anchylosis. The joint is capable of semiflexion, and is improving gradually with exercise. The patient, of course, is slightly lame, but she can walk several miles without stopping.

Case 3.—A young married woman, whose husband I attended for gonorrhœa during the summer. She, however, has told me upon repeated inquiries that she has no vaginal discharge. She had pain in right wrist and left knee joint. Wrist joint did not swell, and pain disappeared from it in about 48 hours. Synovitis

developed in the left knee and rapidly grew worse, the sac filling with exudation and puffing above the knee. Pain, as in the other cases, has been a prominent feature; marked perturbation of nervous system, and patient at times hyperæsthetic. Depression was marked at end of third week, and pulse frequent. Temperature has never been high and has been normal since the end of the third week. Synovial sac diminished in size, and at end of fourth week apparently normal. Knee joint is still tender, especially on the inner side, near upper extremity of tibia. Has now been under treatment about six weeks, is much better, but joint is hard and much larger than that of right leg.

Treatment has been much the same as in the first two cases. I am now applying moderate extension by weights attached to a cord over the foot of the bed and performing moderate passive motion. No doubt convalescence will be unpleasantly protracted.

It may be well to note deafness in these cases. In case no. 1., there was undoubted gonorrhœa and orchitis at the time of the attack. In case no. 2., patient had been treated for gonorrhœa 3½ months previous, but had not recovered, since an irritating vaginal discharge was present during her confinement to bed, for which I gave her astringent injections when she became well enough to use them.

In case no. 3, there may be some doubt as to the etiology and correctness of diagnosis. But from fact of husband having been positively known to have had gonorrhœa about six weeks previous to beginning of his wife's illness, and that he still had a gleety discharge, having discontinued treatment and considered himself cured, there can, I think, be no reasonable doubt that he communicated the infection to his wife, through his acknowledged relations with her in the interim. Since then she has passed through up to the present time an affection of joints running a course similar to other cases of gonorrhœal rheumatism. It is however worthy of note as mentioned above that she has not complained of gonorrhœal symptoms.

In all these cases there has been the usual history of primary inflammation of *one* or at most several points only, with the result of finally locating in one joint and running a painful and protracted course. The localization in two of the cases in the left knee joint, then commencing with synovitis, as plainly seen in two, and the extension to cartilages in joint, and probably to periosteum of bone, as would seem *reasonable* from general enlargement of joint after subsidence of inflammation and absorption of exudation in soft parts, the partial anchylosis which has followed in two of these cases, severe pain, marked perversion of general nutrition as evidenced by emaciation and in one conjunctivitis.

Whilst having no doubt the treatment in these cases contributed much to comfort and abbreviate the duration of the disease, it must be admitted it cannot be said any *special* remedy used in either case was *positively immediately* productive of curative results.

From present literature on the subject, there is much to be desired both in its etiology and pathology.

Rheumatism in persons having gonorrhœa being swerved from its usual course too frequently to be considered a coincidence, calls for some explanation and it seems reasonable to attribute such clinical deflection to the *only* unusual condition present., the presence of gonorrhœa. Should we admit as claimed by Tommasoli, that the disease is simply articular rheumatism, we must look for cause of such special and omnipresent irregularity in course, duration and termination. The cause, even with this view we are compelled to admit is the presence of gonorrhœa.

If, then, gonorrhœa leads to this form of rheumatism, how does it produce it? Is it, as thought by Garrod, anæmia, or by Hutchison and others, ordinary rheumatism, or as contended by Dr. R. P. Howard, urethral synovitis, which *can* be produced by a non-specific urethritis, or from injury to urethral mucous membrane in passing sounds and bougies.

Gonorrhœa, being an infectious disease, like all diseases of this class, no

doubt can, by presence of germ, or its products, in blood (to which it may be conveyed either by lymphatics of urethra and prostate, or as some think, by means of veins of prostate), cause these localized inflammations.

As in typhoid fever the gland of intestinal canal bears the brunt of the local inflammation, so in gonorrhœal rheumatism a certain kind of tissue, the fibrous, is irritated and inflamed. We cannot say why the knee joint should be involved more frequently than others in this affection, unless it be that it is liable to more friction in walking, by reason of the weight of the body, than those of upper extremity, and also because it is less protected from the effect of atmospheric changes by reason of scanty covering of soft parts. Should it finally be determined that it is infective, beyond a doubt, our rationale for treatment would be much modified.

Society Reports.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

STATED MEETING HELD OCT. 24, 1889.

The 699th regular meeting of the Society was called to order by Dr. R. W. Mansfield, President, in the chair.

Dr. A. Treyo Schertzer read a paper entitled

GRATUITOUS SERVICES OF PHYSICIANS.

Dr. Hiram Woods reported a case of

MELANOTIC SARCOMA OF THE CHOROID,

(*See page* 301),

and exhibited both a macroscopic and microscopic specimen.

In answer to inquiries, Dr. Woods said the differential diagnosis could certainly be made between cataract and intra-ocular tumor by one who exercises ordinary care in diagnosis.

That the differential diagnosis between detached retina and intra-ocular growth could only be made by the use of the ophthalmoscope.

That metastasis from the eye to other parts of the body is frequent, while from other parts of the body to the eye is very rare. If an eye tumor and another tumor are associated, the eye tumor is primary.

That tension is usually increased in intra-ocular tumors, seldom, if ever, lessened.

That posterior staphyloma is really an atrophy or thinning of the choroid. The nerve fibres entering the eye-ball through the lamina cribrosa (which is the weakest part of the sclerotic coat), the intra-ocular pressure or increased tension from within and the muscular pressure from without caused a separation or stretching and thinning of the choroid and the sclerotic shines through. This is the case in acquired myopia, which is always more serious than the congenital form.

Dr. J. W. Chambers said the study of melanotic sarcoma is interesting. Our knowledge of it has been largely contributed to by the oculist. It is the most frequent outgrowth from pigmented tissues, such as the choroid, moles, pigmented nævi, etc., and they are the most malignant kind of tumor. Rarely does a growth like that as seen in the specimen, last so long as two years without manifestations in other parts of the body. The secondary growths are usually pigmented also. If you find a pigmented tumor in tissues that are not normally pigmented, you may be sure it is a secondary outgrowth. As to tension from tumors, it is safe to say that in any closed cavity a tumor not occupying more space than the tissue destroyed would not increase tension. But if it be a proliferating and not a destructive tumor the tension would be increased. Pain is largely due to tension, and from the condition of the specimen he thought that pain had been more severe some time before the operation than it was about the time of the operation.

Dr. David Streett read a paper entitled

GONORRHŒAL RHEUMATISM.

(*See page* 306.)

Dr. J. D. Kremien asked if there had been any heart trouble in any of these cases.

Dr. Streett said in these cases there was no heart trouble. The authorities all agree that gonorrhœal rheumatism is free from heart lesions. There was a marked perversion of the nutritive functions, especially in the first case, as evidenced by the rapid emaciation. If one knew more of its pathology, the stereotyped treatment of cotton, colchicum, sodium salicylate, etc., would probably become a thing of the past. How does the gonorrhœa produce rheumatism? What is the relation between them? Most authorities state that there is a history of rheumatism in the family and that the gonorrhœa modifies it and that the patient would have had rheumatism any how.

Drs. Mansfield and Bressler stated that emaciation was a feature in their cases.

Dr. Wilmer Brinton said a case which he had been attending for six weeks had two attacks of scleritis during that time. The trouble is principally in the knees though the shoulders have been implicated. He had about come to the conclusion that morphia and time was the best treatment.

Dr. J. W. Chambers said these cases are always interesting to the patient, and disgusting to the doctor. There is usually more or less deformity of the limb. The gonococcus is found in the fluid of the joint affected and has also been found in the blood. It is difficult to cultivate, as it thrives only in a limited temperature, from 93 to 104 F. and variations above or below this temperature kill it, so that ice or heat should be rational treatment. As the gonococcus seems to have a causative relation to the disease and is found in the fluid of the affected joints, it ought to be your practice to open the joint and wash it out with an antiseptic fluid. No one can say a given case of rheumatism is gonorrhœal in origin, unless the gonococcus is found in the effusion in the joints.

Dr. David Street said laying open the joint and washing out may do very well, if but one joint is implicated; but where many joints are involved it becomes a serious matter and hardly to be undertaken.

J. Wm. Funck M. D.,
Reporting Secretary.
1710 W. Fayette Street.

PERMISSION TO OPERATE.

Medical circles in Belgium have been considerably excited recently by the trial of an action against a well known surgeon who is on the staff of a hospital in Liège. More than two years ago a child was brought to the hospital for the advice of the surgeon in question on account of a curvature of the tibia. The mother was told that an operation would be necessary, to which she replied that she must obtain the grandmother's consent. Shortly afterward the child was brought back to be operated on. Unfortunately, gangrene supervened, and the child's leg had to be amputated. After the lapse of some two years, the father appeared on the scene, and, declaring that his consent had not been obtained, commenced an action against the surgeon for having operated without it, the result being that the court awarded him 10,000 francs damages as compensation for loss of the child's leg. It is pointed out by medical critics that the court seems to have proceeded on the principle that a surgeon who operates is liable unless he can prove that a child's father has consented. It seems to be taken for granted that when the child was brought to the hospital the second time it was merely for another consultation, and that no consent had been given as understood by the defendant. An appeal to a higher court has been made, and the result of that is very uncertain. It is, however, evident that great care will have to be exercised by hospital surgeons in future, at least in Belgium. Indeed, it would seem that a written permission to operate may have to be insisted on in all cases in that country.—*Lancet.*

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BALTIMORE, FEBRUARY 15, 1890.

Editorial.

PATHOLOGY IN ITS RELATION TO GENERAL BIOLOGY.

At the opening of the new Biological Laboratory at Toronto, Dr. Welch, of the Johns Hopkins University, sketched the relations of pathology to general biology in such a clear and convincing manner that those who look upon pathology as a luxury and not a necessity in medical education, should read his remarks (*Canadian Practitioner*, January 16, 1890, and *Johns Hopkins Hospital Bulletin*, January, 1890).

Biology, a study of life, both normal and abnormal, has made greater advances and achieved greater triumph for human welfare than any other branch of human knowledge. Pathology is abnormal biology, the study of life in its abnormal forms and its activities. It is the basis of practical medicine, and therefore our knowledge of it must of necessity precede our knowledge of the prevention, and cure of disease. The treatment of disease being the practical side of medicine and the part in which the general public naturally interests itself, it is on this point that we split in methods of treatment and absurd dogmas have been asserted. But the truly scientific physician cannot build on a dogma; his treatment, based on the modern methods of investigation and observation, must be on one principle alone.

In the case of tuberculosis, pathology has made enormous strides in the past few years, and as the result of this advance, steps to the prevention of tuberculosis have been taken by almost every civilized country. Much more in surgery do we feel the effect of pathological study.

Pathology is in itself a legitimate and worthy object of study independent of any useful or practical application whatever, and being a science without immediate reference to practical results, it is most likely to give those results, but woe be to him who studies it with a view to results alone. When the experiments on animals were undertaken those investigators had little thought for the practical results since obtained in brain localization.

Too much stress cannot be laid upon the importance of the comparative study of pathology, and many practical results exist to prove this. Many diseases are common to man and to animals many communicable from animals to man. This leads to experimental pathology, the support of pathology in many doubtful cases.

The hurried review of these various facts opens so many fields in the domain of pathology that the immensity as well as the importance of the subject is at once recognized.

REFORMS IN MEDICAL EDUCATION.

When competition becomes unhealthy a union of forces will sometimes do good. There has been a certain amount of competition among the schools of this city, and rather than let the weakest die and the fittest survive, it is now proposed by mutual agreement to raise the standard equally in all. Whether the results will be satisfactory to all is not yet certain.

At a meeting held last week in this city to consider the feasibility of raising the standard of medical education here, it was further very wisely suggested that these efforts might be extended by a concerted effort, to all parts of the United States. This latter proposition is eminently sensible and practical. If the schools can be raised to a sufficiently high standard and the State examination be so equalized that a certificate in one State may be recognized in another, the difficulties of State examinations will be much simplified.

In order to get opinions so as to ensure unanimity of action, it is proposed to ask each medical school in the United States to send a delegate to a conference to be held at Nashville, Tenn., May 21, at the time of the meeting of the American Medical Association.

ARMY MEDICAL BOARD.

Judging from the enticing circular issued by the War Department, one might imagine an army surgeon's lot was a very happy one, but a glance at the pay as compared with the income a good physician in civil life can accumulate in a general practice soon dispels the illusion.

However, the Surgeon General calls attention to the fact that an Army Medical Board will meet in New York City on May 1, to examine candidates to fill seven vacancies. The circular of information accompanying the notice gives the complement of the Medical Department of the Army, the pay, conditions of promotion, retirement and leave of absence and a specimen of the examinations which would "throw" graduates from this city, with their present facilities for study.

Miscellany.

REFORMS IN MEDICAL EDUCATION.

The faculties of the medical colleges of Baltimore have decided to make a determined effort to raise the standard of medical education in Baltimore, and to extend their efforts by a concerted movement to all parts of the United States. Various causes have led to this. A number of states now require a special examination for medical practice within their borders, and in Virginia a number of young men who have graduated from the medical colleges of Baltimore, have not been able to pass state examinations. The Johns Hopkins Hospital influence has been also met in this direction. A majority of the students of the Baltimore medical colleges come from the South. In the furtherance of this movement a meeting of representatives of the medical colleges of Baltimore was held last week at the hall of the State Society. There were present: Dr. Aaron Friedenwald, chairman; Dr. Eugene F. Cordell, secretary; Drs, Thos. S. Latimer, John S. Blake, H. H. Biedler, R. H. P. Ellis, David Street, Thos. P. Evans, Henry M. Hurd, George H. Rohé, E. R. Walker, Z. K. Wiley, and

others, representing the College of Physicians and Surgeons, the Woman's Medical College, the Johns Hopkins Hospital, the Baltimore University and the Baltimore Medical College. One of the objects is to increase the term of study required for a diploma from two to three years. The object is to form a national convention of schools, all requiring a high standard, and to protect the country from mushroom schools and cheap students. After some little discussion, it was decided to send out to all colleges in the United States a circular calling for a national conference. The circular is signed by all the Maryland schools, and is as follows:

To the Medical Colleges of the United States—The following Baltimore medical colleges and the Johns Hopkins Hospital having met for the consideration of reforms urgently needed in the system of medical education hitherto in operation in this country, after a full discussion of this most important subject, have come to the conclusion that it is not expedient, nor, indeeed practical, for the medical schools of any state to assume alone the responsibility of adopting advanced methods; yet, fully convinced of the pressing need of a change, and earnestly desirous to see it consummated, they are unwilling to let matters rest longer as they are, without at least an effort on their part to improve them. They have determined, therefore, to issue this appeal to the medical schools of the United States for their co-operation in inaugurating a national advance. Fully aware of previous ineffectual efforts in this direction, they yet realize that times have greatly changed since these efforts were made, and they believe that a repetition of them at this time would have a good prospect of success. The approaching meeting of the American Medical Association, drawing delegates, as it will, from every part of the country, offers a good opportunity for convening those who are interested in the contemplated change. We therefore invite you to join with us in holding a conference for the fnll consideration of "medical education in this country and measures for its improvement," and we request that you will appoint at your earliest convenience one or more delegates from your faculty to represent it at a meeting to be held at Nashville, Tenn., on the 21st of May, 1890, at 3 P. M. It is requested that delegates should be instructed so far as possible as regards the wishes of their faculties upon the various measures now proposed in connection with advances in medical instruction, in order that definite results may be arrived at with the least possible delay and trouble. The following subjects are considered as most likely to come up for discussion:

1. Three years' course of six months' sessions.
2 Graded curriculum.
3. Written and oral examinations.
4. Preliminary examination in English.
5. Laboratory instruction in chemistry, histology and pathology.

THE PREPARATION OF LISTER'S DOUBLE CYANIDE GAUZE.

Sir Joseph Lister, in the *Lancet* of January 4, 1890, describes the method of preparing his new surgical dressing thus: Cyanide of potassium, cyanide of mercury, and sulphate of zinc are mixed together in solution in quantities proportioned to their atomic weights; the cyanide of potassium and cyanide of mercury being dissolved together in 1½ ounces of water for every 100 grains of potassium cyanide, and added to the sulphate of zinc dissolved in three times that amount of water. The precipitate is collected on a strainer, and when well drained is washed with two successive portions of water, equal in quantity to that used for the solution—viz.: 6 ounces for every 100 grains of potassium cyanide; at least this amount of washing being essential in order to free the precipitate sufficiently from the highly irritating soluble salts which are associated with it in its formation. The precipitate having been thus washed and drained, but not dried, it is thoroughly diffused with pestle and mortar in distilled water (6 ounces for every 100 grains of potassium cyanide), containing in solution 1 part of hæmatoxylin for

every 100 parts of the cyanide salt, the amount of which is known from the circumstance that the dry product of cyanide salt is almost exactly equal in weight to the potassium cyanide employed. Hæmatoxylin is readily soluble in a small quantity of hot water, and remains in solution when added to a large quantity of cold water. The cyanide salt, while it precipitates the hæmatoxylin, changes its color to a pale bluish tint. This is advantageously enhanced by the addition of a little ammonia to the mixture in the proportion of 1 atom of ammonia to each atom of hæmatoxylin. More than this proves prejudicial. The ammonia is added in a dilute form, and it is convenient to have the dilution such that one fluid drachm of the ammoniacal liquid shall correspond to one grain of hæmatoxylin. The dye is further economized by allowing the ammoniated mixture to stand for three or four hours, and stirring it occasionally, so that the ingredients may react thoroughly upon each other. If the mixture is filtered immediately, there is considerable loss of coloring matter. The dyed salt having been drained and dried at a moderate heat, is levigated, and may then be kept for any length of time. When employed for charging a dressing, it is diffused by means of pestle and mortar in solution of bichloride of mercury (1 to 4000), in sufficient abundance to drench the fabric thoroughly, for which 4 imperial pints to 100 grains of the salt will be found adequate. This will give a percentage of between 2 and 3 of the cyanide to the dry gauze. The gauze should always be used moist; and if it be prepared for immediate use, the process of drying may be omitted, the gauze, after being hung up for a while to drain, being further deprived of superfluous moisture by placing it in a folded sheet. It may afterward be conveniently kept moist by wrapping it in a piece of mackintosh cloth. When obtained dry from the manufacturer, it should be moistened again with the weak corrosive sublimate before it is used.—*Med. News.*

JAUNDICE DURING PREGNANCY.

Jaundice is a symptom, not a disease, and it may proceed from a variety of causes. Dr. John T. Winter (*American Journal of Obstetrics*, January, 1890), emphasizes the fact that every case of jaundice occurring in pregnancy should be looked upon as dangerous alike to mother and child. It seems to be caused by pressure on the common bile duct by the gravid uterus and transverse colon distended with feces. It is not by any means, however, an accompaniment of all pregnancies. It may be that at a time of care and anxiety the disturbed mental emotion will help to cause this jaundice, or an organic change in the liver, or the non-elimination of some blood poisoning substances may bring about jaundice in the pregnant woman. The fœtus is apt to die and be expelled, and the mother's life then is by no means free from danger.

TREATMENT OF A COMMON COLD.

Dr. S. Wilson Hope, writing to the *Br. Med*: *Jour.*, says: It may not be as widely known as it deserves to be that twenty grains of salicylic acid, given in liq. ammon. acet. three or four times a day, will so far control a common cold that the aching of the brow, eyelids, etc. and during movements of the eye, wil cease in a few hours, while the sneezing and running from the nose will also abate, and will disappear in a few days, and, more fortunate still, the cold will pass off, and not finish up, as is customary, with a cough. It may be that it is only in persons tainted with rheumatism where we find a chill followed by such a train of troubles, and certain it is that different persons suffer in different ways after a chill. But for a very great number of people of fair health, who are liable to take a common cold, it is highly desirable to avoid a cough, and the salicylic acid treatment places this in our power.—*Canada Lancet.*

DANGER IN USING LEAD WATER-PIPES.

Our colleague, M. A. Hamon, publishes a very complete study on the employment of lead pipes for conducting drinking water. The following are the principal conclusions:

1. Hard, calcareous water attacks lead.

2. The corrosion of lead by water is accelerated by the alternate presence of air and water, by the presence of chlorides, nitrates, nitrites, organic salts and acids, ammoniacal salts, different metals (iron, zinc, copper, etc.).

3. The salts of lead, even the carbonates and sulphates, are soluble in water.

4. All the conditions commonly existing in the distribution of water assists in the action of this liquid on lead.

5. Infinitesimald oses of lead absorbed continuously act on the human organism.

6. The disorders of the economy derived from this source are frequent. They are often ignored because their origin is misunderstood.

7. Morbid accidents, some of them followed by death, often supervene on the use of lead pipes.—*From Abstracts of Sanitary Reports.*

NEW FOREIGN MEDICAL JOURNALS.

A new addition has just been made to the considerable series of *Centärlblatter* for which Germany is noted. It is styled *Centralblatt für Allgemeine Pathologie und Pathologische Anatomie*, is directed by Professor Ziegler, of Freiburg, and edited by Dr. v. Kahlden, of the same university. Ths publisher is Gustav Fischer, of Jena. This number is larger than the usual issue, which will consist of two sheets. The journal will appear fortnightly. Another new comer into the ranks of medical journalism is entitled *La Médecine Moderne*, and is edited by Dr. Germain Sée, the acting editor, or *secrétaire de la rédaction* being M. Ch. Talamon. The first number appeared on Dec. 22nd, and the publication is to take place every Thursday. This number contains a lecture by Dr. Germain Sée upon heart disease, and is especially notable for its record of the proceedings of scientific societies, French and foreign. Sections are also devoted to analyses of new books and of medical journals.—*Lancet.*

Several cases of typhus fever are reported in New York City and elsewhere, brought by immigrants.

THE CONFORMATION OF THE CHEST AND THE TENDENCY TO CONSUMPTION.

The *Deutsche Med. Zeit.* contains an article on this subject by Dr. Maszkowski. The writer states that it is maintained by many observers, that disproportion in the form of the chest is an important factor in the tendency to tuberculosis. The results of a series of investigations have led him to coincide with the conclusions of others in this respect. He selected 275 healthy individuals and the same number suffering from various stages of pulmonary tuberculosis. These persons were subjected to close and careful camparative anatomical measurements, and from this the following conclusions were deduced: 1. That there existed no characteristic form of thorax in those predisposed to pulmonary tuberculosis. 2. That changes in the form and diminution in the capacity of the chest, when such took place, appeared as concomitants, and developed as the disease progressed. *Canada Lancet.*

BISMUTH MIXTURE.

The following bismuth mixture for stomachic catarrh, painful indigestion, alcoholic catarrh of the stomach, etc., is claimed by the *British and Colonial Druggist*, for Jan., 1890, to be most efficacious:

℞.	Bismuthi Carb. . . .	ʒ ij
	Sod. bicarb.	gr. lxxx
	Tinct. Hydrastis. . .	f ʒ ss
	Tinct. Nucis Vomicæ .	m.xx
	Syr. Ginger	f ʒ j
	Pulx. Tragacanth. Comp.	ʒ j
	Aquæ dest., q. s. ad. .	f ʒ viij

M. Sig. One-eighth part, undiluted, three times daily, twenty minutes before food.

—*Med. and Surg. Repor.*

INCOMPATIBLES OF ANTIPYRIN.

An editorial paragraph in the *British Medical Journal* suggests that the liquid extract of cinchona and mixtures

of chloral hydrate are not compatible with antipyrin.

The writer in the *Journal* does not assert that the result of the combination of chloral with antipyrin may not contain the properties of the drugs. A fuller investigation can only determine whether the mixture is potent or inert. —*Jour. of A. M. A.*

TREATMENT OF GONORRHŒA IN THE FEMALE.

The following formula is given in the *Journal de Médecine de Paris*, Dec. 1, 1889:

℞. Creoline. . 2·0,] 3 ss]
Ext. hydrastis can. 10·0, [3 iiss]
Aquæ. . . 200·0. [℥ vi 3 ii]

M. S.: A dessertspoonful should be added to one pint of water and used for an injection.—*Journal of Cutan. and Genito-Urinary Diseases.*

SYSTEMATIC OR DIDACTIC LECTURES.

During the Spring session of the General Medical Council, of Great Britain, Dr. Kidd, on the part of the Education Committee, moved a resolution intended to reduce the enormous number of systematic lectures, which students are now required to attend. A candidate for the degree of the University of Edinburgh had to attend, it was stated, 1300 lectures. The Education Committee in its report expressed itself "strongly of opinion that the number of systematic lectures in certain subjects of medical education should be reduced." We wonder what the General Medical Council would think of the 1800 lectures demanded by the Quebec Board, or of the 1700 we insist upon in this province. —*Canadian Practitioner* (Toronto).

THE HEALTH ADVANTAGES OF A SEA VOYAGE.

Dr. Burney Yeo (*Nineteenth Century*) gives the following as among the advantages of a sea voyage: 1. Perfect rest and quiet, a thorough change of scene, and perfect and enforced rest from both mental and physical labour. 2. The life in the open air and the great amount of sunshine enjoyed, it being quite possible to spend fifteen hours every day in the open air. 3. The purity of the sea air, no organic dust or impurities—the air of the open sea being the purest found anywhere. 4. The great humidity of the atmosphere and the high barometric pressure, which are considered to exercise a useful sedative influence on certain constitutions. 5. The exhilarating and tonic effects of rapid motion through the air—the sea breezes are constantly blowing over the ship. These breezes increase evaporation from the skin, and impart tone to the superficial blood-vessels.—*Canada Lancet.*

EMPYEMA FOLLOWING FIBRINOUS PNEUMONIA.

Penzoldt (Deut. med. Ztg., No. 89, 1888).—Purulent effusions following pneumonia are, on the whole, rare, although the author has seen seven cases in the course of three months. The incomplete fall of the temperature curve may indicate that everything is not right, but there is no characteristic sign pointing to a purulent condition, and consequently it is frequently overlooked. Hence it is advisable in all cases in which convalescence is protracted, and the lung dullness persists for a longer time than usual, to make an exploratory aspiration. This is particularly advisable in practice among children. If the usual antiseptic precautions are observed no harm can result, even if no fluid is present.
N. Y. Medical Journal.

TESTS FOR COLOR VISION.

The subject of the proper means of testing the color vision of railway officials has again been brought before the public by a lecture delivered by Mr. Brudenell Carter before the Society of Arts. Mr. Carter places great reliance on the wool test, and no doubt as a means of recognizing color-blindness it is extremely reliable; but in view of the transcendent importance of the accurate perception of signals by drivers of engines, we hold that additional security would be obtained by insisting on a practical examination in the open of colored lights at distances

varying from a few yards to a mile or more. No possible harm can accrue from such method of testing, and the fact that it is in use on some of the Belgian railways speaks strongly in its favor.—*Lancet.*

INFLUENZA AMONGST HORSES.

In the *Veterinary Record* of Jan. 4th, a brief account is given by Mr. Dollar of the symptoms and treatment of influenza which has been prevailing amongst horses in London during the last four months. A few well-marked cases occurred in August, but the disease did not prevail on a large scale till the middle of October. He found the treatment by sulphate of soda or magnesia, combined with nitrate of potash and some carminative, the most efficacious. He tried the stimulant treatment on a few horses, but with results so unfavorable that he found it necessary to discontinue it. As soon as the febrile stage has passed the administration of quinine is attended with marked benefit. Mr. Dollar points out the want of accurate information as regards "the causation, histology, or post-mortem appearances" of this disease, and suggests the collection by the Royal Veterinary College of a sufficient number of carefully recorded observations to form a solid foundation of facts on which to base a successful system of treatment, and if possible, of prevention.—*Lancet.*

IS THE GASTRIC JUICE A GERMICIDE?

Drs. Straus and Wurtz have conducted a series of experiments in order to ascertain the action of the gastric juice on the bacilli of tubercle, charbon, typhoid and cholera morbus. The juice from man, dogs and sheep was selected for the experiments. It was found that digestion for a few hours at a temperature of 100°F. destroyed all the germs. The bacillus anthracis was killed in half an hour, the bacillus of typhoid and cholera in under three hours, whilst the bacillus of tubercle bore digestion for six hours, under which time it was still capable of provoking general tubercular infection. Even when digested for from eight to twelve hours the bacillus was still capable of producing a local tubercular abscess, not followed by general infection. Over twelve hours' digestion destroyed it completely. The germicidal influence of gastric juice appears due to its acid contents, as it was found that hydrochloric acid alone, dissolved in water in the same proportion as it is in gastric juice, proved as active a destroyer of the bacilli. The pepsin appears to have no influence on the germs. MM. Straus and Wurtz, who publish their researches in *Archives de Médecine Experimentale,* wisely remind their readers that the germs, when protected by animal and vegetable tissues and introduced into the stomach in ordinary nutrition, are not exposed to so direct and prolonged action of the acid constituents of gastric juice as in these experiments.—*Brit. Med. Jour.*

THE EFFECT OF SECTION OF THE PHRENIC NERVES.

Drs. H. A. Hare and Edward Martin, of Philadelphia, in a carefully worked out article in the *London Lancet* on the effect of section of the phrenic nerves, after remarking on the general acceptance, without sufficient proof, of the theory as to the effect of the section of these nerves and reviewing their experiments on animals, draw the following conclusions: 1. Injury or destruction of the phrenic nerves is not followed by death, as has heretofore been taught. 2. In injuries involving the diaphragmatic movements it is important that the patient shall not be anæsthetised, as under those circumstances the absence of voluntary aid in respiration may be attended by fatal results. 3. The seriousness of phrenic injury is in direct ratio to the dependence of the respiration of the normal animal on the diaphragm and to the ability of the chest walls to make compensatory movement. 4. The symptoms resulting from interference with the function of

the phrenic nerves are as definite and characteristic as those following interference with any other motor nerve. There will always be well marked increase in the scope of the thoracic excursions and distinct reversal of the movements of the abdomen—i. e., the abdomen will retract on inspiration. 5. Fear of injury to one or both phrenic nerves need not prevent operations about the neck and upper portion of the chest, provided that due caution be exercised that the patient is but slightly under the influence of the anæsthetic at the time that danger of injury to these nerves is most imminent. Infancy, however, constitutes an exception to this rule: only absolute and pressing necessity for operation would afford justification for such a procedure in early life. 6. The real effects of section of the phrenic nerves being known, it follows that the nerve is subject to the same operation in case of injury as are other members of the body, such as suture. 7. In cases of injury to the phrenic nerves support should be given to the abdominal walls, to prevent movement of the same and to brace and steady the paralysed diaphragm, care being taken that the floating ribs are free.

INFANTILE MORTALITY.

Many factors contribute to the high death-rate in the first five years of life. The weak and strong, those affected with tuberculosis, syphilis, or even idiocy, are allowed to procreate their kind and add to the great mortality during this early period. Dr. V. C. Vaughan (*Journal of the A. M. A.*, Feb. 8, 1890), seeks to ascertain what the infantile death-rate is, what its most potent causes are, what measures might be resorted to in order to lessen it. According to the census reports, more than one-fourth of the children born in this country die before they reach five years of age. The mortality is greater in the urban than in the rural districts, and in cities death from debility due to overcrowding raises the death-rate. Almost all the deaths put down to convulsions are in reality due to digestive disturbances. Diseases such as cholera infantum, convulsions, diarrhœa, dysentery and teething cause more than 50 per cent. of the deaths under five years of age. The following facts can be ascertained concerning the causation of these diseases:

1. These diseases are most prevalent among children artificially fed.

2. These diseases are more prevalent in cities than in country places.

3. These diseases are more prevalent in summer than in winter.

His conclusions are:

1. One-fourth of the children born in the United States die before they reach the end of the fifth year of life.

2. Derangements of digestion cause more than 50 per cent. of these deaths. This class of diseases may be restricted by proper attention to the food.

3. Infectious diseases are serious in their effects upon infantile mortality. They may be restricted by isolating the sick and disinfecting clothing and rooms.

4. About three-eighths of the total deaths from pneumonia occur among those under 5 years of age. Proper clothing and lessened exposure to extremes of temperature will do much to protect against this disease.

REMOVAL OF A SACRAL TUMOR.

A noteworthy case under the care of M. Thiriar at the Hôpital Saint-Jean is recorded in *La Presse Médicale Belge* (1889, No. 50). The patient was a man fifty-six years of age, who for eight years previously to his admission in June, 1889, had suffered from a tumor in the sacro-coccygeal region, which was accompanied by very intense pruritus ani. The growth gradually increased and caused so much trouble and pain that in 1886 it was operated upon. It, however, recurred, and he became unable to lie upon his back, whilst walking was difficult and painful. A soft fixed tumor was detected

in the sacro-coccygeal region, and also projecting into the interior of the rectum. It was removed by means of a transverse incision six centimetres long, a finger's breadth behind the anal orifice, and another incision eighteen centimetres long in the median line, perpendicular to the former and reaching to the level of the last lumbar vertebra. The coccyx was found to have entirely disappeared, and the growth, which was dissected off the posterior wall of the rectum, was found to involve the lower part of the sacrum. M. Thiriar therefore proceeded to resect subperiosteally the central part of the sacrum, about seven or eight centimetres by four centimetres. Paquelin's cautery was used to arrest the bleeding from the bone and periosteum. The patient made a rapid and good recovery; two months later he was free from pain, there had been no recurrence, and rectal and vesical functions were normally performed. The tumor proved on microscopical examination to be a sarcoma.—*Lancet.*

PLASTER-OF-PARIS SPLINTS.

Dr. Powell, of Toronto, recommends the following method of applying plaster-of-Paris splints for certain kinds of fractures of the leg. "The leg is to be bandaged with cotton batting, which for the purpose is torn into strips four inches wide and applied as a roller. Using the sound leg as a model, to save the injured one from movement, a pattern is cut which will cover in all of the leg excepting a space an inch wide along its anterior aspect. Deep slashes opposite the heel allow the part for the sole of the foot to be brought into a right angle with that for the leg, without forming clumsy folds at the ankle. From this pattern four or five layers of sprim or from six to nine of cheese-cloth are cut. Then, with extension made and the foot properly held, the strips are to be saturated with a cream made by sifting, not stirring, plaster into warm water, smoothed one upon another, applied to the posterior aspect of the limb, interleaved by the slashes at the ankle so as to hold the foot at right angles with the leg, moulded to the part, and then firmly bandaged to it with a cotton roller." "Scrim" is a coarser and stronger material than cheese-cloth, and hence a smaller number of layers suffice to make a firm splint. This is a modification of the well-known Croft's splint, and is recommended as being very easily applied, comfortable, durable, and thoroughly efficient.—*Lancet*

Medical Items.

Professor Nussbaum of Munich is seriously ill.

Theodor von Dusch, Professor of Medicine, University of Heidelberg, is dead.

Both Roosevelt and Presbyterian Hospitals at New York will be improved by additions.

Professor Westphal of Berlin is said to have died at a private asylum at Constance.

At the next meeting of the Clinical Society, Drs. Osler, Preston and Wiltshire will read papers.

The Bombay Government has taken prompt measures against the spread of leprosy.

Dr. Carl Hergt, the Nestor of the German alienists, died the other day at Illenau, aged eighty-two.

The *St. Louis Clinique* succeeds *Medical Clips* as the official organ of the St. Louis College of Physicians and Surgeons.

The *Journal of the Respiratory Organs* appears this month much enlarged and improved. Dr. H. Holbrook Curtis is the editor.

Professor Madelung of Rostock has been appointed Volkmann's successor as Professor of Surgery at Halle, and will enter on his new office on April 1st.

Some Frenchmen are agitating the question as to whether their patriotism

will allow them to attend the coming international congress. Let them stay at home; they will not be missed.

The Secretary of the State Board of Medical Examiners for Minnesota, states that physicians are actually needed in Blue Earth and Olmsted Counties in that State.

Dr. von Brücke, Professor of Physiology at Vienna, is about to retire at the end of the present session. It is proposed to divide his chair into two separate Professorships of Physiology.

Dr. Alois Martin of Munich has resigned his professorship of Medical Jurisprudence there. He founded the *Münchener Medizinische Wochenschrift* (Munich Medical Weekly) in 1854, and remained its editor till 1869.

A late report of the German board which conducts a portion of the Staatsexamen inquiries in medicine and surgery shows that of 633 candidates 504 were rejected, or a proportion of only 26 per cent. of successes.

At the last meeting of the Medical Society of the Woman's Medical College of Baltimore, held at the College Building, Corner of Druid Hill Ave. and Hoffman Sts., Wednesday February 12th 1890, papers were read by the following: Drs. A. S. Mabie, E. F. Cordell, John Morris, Randolph Winslow. Wm. B. Canfield and Jno. R. Winslow.

Last Saturday night a man was picked up on the street by the police on the charge of being drunk, and the next day it was discovered that his skull was fractured. He died later at the University Hospital. It is a pity that the dense ignorance of the police of this city cannot be lightened as to the various causes of unconsciousness.

Judge Stewart of the Criminal Court with the aid of a highly intelligent jury, made another remarkable decision in acquitting an acknowleged abortionist, when it was clearly proved by one of our most reputable physicians, that the woman had gone to this abortionist and had been treated accordingly.

Dr. J. G. Keller, City Councilman, introduced this week a resolution to create a vaccine physician for each ward, instead of one for every two wards as heretofore, the pay to be reduced one-half. Dr. Keller has a very degraded idea of the value of a physician's services, and clearly shows that he has never held that very desirable position.

The first meeting of the Congress of Dermatology and Syphilography for the year 1890 will take place on April 10th, and will be continued on the following two days from nine to eleven A. M., at the Hôpital Saint Louis. A list of the questions to be discussed should be forwarded before March 1st to Dr. Emile Vidal, General Secretary, 65, Rue d'Anjou, Paris.

Dr. Fritz Bramann has been appointed Extraordinary Professor of Surgery in Berlin University. He has been Professor Bergmann's assistant since 1887, and became known to all the world in February 1888, as the surgeon who performed the operation of tracheotomy on the Emperor Frederick shortly before his accession. His writings, which are distinguished by the copiousness of their references to the history and literature of the subjects treated, are mostly accounts of methods of operation and treatment invented or practised by Bergmann. Bramann is still quite a young man; he graduated in medicine in 1880.

The following were nominated by the Mayor and confirmed by the City Council last Monday night:

Health Commissioner—Dr. George H. Rohé; assistant health commissioner, Dr. James F. McShane.

Resident Physician Quarantine Hospital—Dr. Sidney O. Heiskell.

Vaccine Physicians—First and Second wards, N. L. Dashiell, Jr.; Third and Fourth wards, C. F. Maguire; Fifth and Sixth wards, John Davis; Seventh and Eighth wards, J. B. Saunders; Ninth and Tenth wards, August Horn; Eleventh and Twelfth wards, Thomas P. McCormick; Thirteenth and Fourteenth wards, I. C. Wunder,; Fifteenth and Sixteenth wards, Joseph Blum; Seventeenth and Eighteenth wards. Henry Stark; Nineteenth and Twentieth wards, M. K. Warner; Twenty-first and Twenty-second wards, J. B. Mullins and H. G. Prentiss.

Original Articles.

A STUDY OF ANEURISM OF THE PULMONARY ARTERY, WITH THE REPORT OF A CASE.*

BY CHARLES B. WILLIAMS, A. B., M. D.,

Clinical Assistant in the Surgical and Orthopedic Departments of the Philadelphia Polyclinic Hospital.

A careful study of recorded cases shows several varieties of dilatation of the pulmonary artery. The first and by far the most common variety is a general dilatation of the trunk and primary branches. Next in frequency comes sacciform dilatation. The artery in some cases of sacciform aneurism has been dilated to the size of a pomegranate, and the case recorded by Dr. Sydney Coupland,† in 1875, showed a dilatation of six and one-eight inches in circumference. Fusiform dilatation is also found. I have found reports of but two cases of dissecting aneurism of the pulmonary artery. Finally, we have the arteriovenous aneurism, where there is a communication between the aneurismal sac and the ductus arteriosus. The only case of this variety known to me is that recorded by Drs. Balfour and Smith, in 1879.‡ The diagnosis in this instance, however, was inferential and based on negative signs, for the patient was living when the article was published.

Aneurisms of the pulmonary artery, such as I have been considering, are for the most part usually situated on the trunk. But the dilatation has extended to the main branches and even to smaller ramifications of the artery.

Through a process of atheromatous change multiple aneurisms of the pulmonary artery are often formed on the walls of old phthisical cavities; and through erosion or sudden bursting of the walls of these aneurismal sacs a fatal hemoptysis has frequently occurred. Buhl and Zenker§ have described such cases, and Jos. Cornet‖ in an elaborate thesis has recorded thirty-four cases of peripheral aneurism of the pulmonary artery occurring in phthisical cavities.

Dr. William Aitken,¶ of Edinburgh, records a case of a soldier who had died suddenly of hæmorrhage from the lungs. On opening one of the tubercle cavities it was found filled with coagulated blood, and projecting from a spot on the wall of this pulmonary cavity was a round tumor of the size of a walnut. The tumor had ruptured and the rupture held a coagulum of blood. The tumor was found to be an *ectasis* or aneurismal dilatation of the pulmonary artery. Several other tumors of a similar nature but of much smaller sizes existed in other cavities in the lungs, projecting from the pulmonary artery.

The causes of aneurism of the pulmonary artery are chronic endarteritis or atheroma, syphilis, great pressure in the pulmonary circulation as in marked mitral stenosis or insufficiency, collapse or emphysema of lung with great hypertrophy of the right ventricle, and patency of the ductus arteriosus.

The symptoms of aneurism of the pulmonary artery are lividity of face, dyspnœa, cough, dysphagia, headache, pain in the chest and epigastrium. The physical signs that have been recorded are a systolic pulsation and tremor (sometimes also diastolic), between the second and third ribs of the left side near the sternum, perceptible in a decreasing degree downward, but wholly wanting above the clavicle. A very loud, superficial, rough, systolic murmur propagated to the left and upward above the clavicles and over the whole præcordial region, but loudest upon the prominence between the two ribs mentioned. The above physical signs and symptoms are by no means constant; and even should they all be present they might be caused by aneurism of the aorta or by a mediastinal tumor lying over the vessels.

It is claimed that a means of establishing a differential diagnosis between aneurism of the aorta and pulmonary aneurism can be made by observing the cardiac hypertrophy and dilatation.

*Read before the Philadelphia County Medical Society, January 8, 1890.

†Vide appended table of cases.

‡Vide, table of cases.

§Virchow's Archiv., 1862, p. 183.

‖Jos. Cornet: Contribution á l'étude des anévrysme de l'artère pulmonaire, Par. 1885.

¶Science and Practice of Medicine, by Wm. Aitken, M. D., Edinburgh, 1868.

If it should prove to be on the left side of the heart, aneurism of the aorta is indicated; if on the right side, pulmonary aneurism.

The differential diagnosis between subclavian aneurism and aneurism of the pulmonary artery may be made from the fact that a pulsating tumor above the clavicle points to sub-clavian aneurism, while such a pulsation, on the other hand, is entirely absent in pulmonary aneurism.

The treatment of aneurism of the pulmonary artery is the same as in other thoracic aneurisms. And, probably, the method that will give most success is that instituted by Mr. Tuffnell, *i. e.*, a careful regulation of diet, a definite quantity of solids being administered at stated intervals, the object being to support life with as little food and drink as possible. Potassium iodide and subcutaneous injections of ergotine have also been recommended.

Lichtheim,* after a series of thirty-three experiments, mostly made on dogs seems to have shown that ligation of a pulmonary artery is without any effect upon arterial blood-pressure, hence, any operative treatment of this kind in aneurism of the pulmonary artery would be useless.

My attention was called to the subject of pulmonary aneurism by having the following case put under my professional care by Dr. John B. Roberts, a short time before the patient's death.

Aneurismal dilatation of the pulmonary artery and its primary branches, taken for subclavian aneurism.—John B., æt. forty, colored, a laborer, applied to the Philadelphia Polyclinic Hospital for treatment on July 19, 1887, with the following history:

Family history negative. Personal history: at the age of twenty-two he had gonorrhœa and chancroid. In 1875 he had specific disease and chancre, but no secondary symptoms followed. In 1879, he took a severe cold followed by cough; and during this time he had a slight hæmorrhage, the blood being light-colored.

*Lichtheim, L.: Die Stoerungen des Lungenkreislaufs, etc., Breslau, 1876.

Two months later he had hemoptysis, the blood being dark-colored. In a short time the patient became very weak. At present he has dyspnœa, but no pain. His appetite is poor and bowels are regular. On July 21, 1887, Dr. Thomas J. Mays made an examination, and from his clinical records the following notes are obtained.

Physical Signs.—Dulness on percussion below the left clavicle from the sternum to the shoulder-joint. A low systolic bruit is heard over this region as well as a very perceptible thrill to the fingers. The systolic bruit is propagated over the whole cardiac area and into the axilla. The maximum intensity is, however, at the junction of the first intercostal space with the sternum. There was no bulging whatever. No cardiac conditions were noted.

The left radial and axillary pulse is weaker than on the right side. He has frequent pains shooting down his left arm. A diagnosis was made of left subclavian aneurism, possibly of syphilitic origin.

The patient was treated with iodide of potassium, arsenic, nitroglycerin, atropine, strophanthus, etc., in accordance with his symptoms; but no marked improvement occurred. He was then transferred to Dr. John B. Robert's care, who admitted him to his ward in St. Mary's Hospital on August 20, 1887.

Dr. Roberts now called a consultation of the surgical staff of St. Mary's Hospital and the diagnosis of subclavian aneurism was concurred in by Drs. Keen, Mears and Grove. It was decided to ligate the subclavian and carotid arteries unless improvement followed confinement to bed and very restricted diet associated with large doses of potassium iodide. The patient was accordingly put to bed, allowed exceedingly small quantities of milk and beef-tea, not permitted to leave his bed even to go to the water closet, but was enjoined to lie perfectly quiet and given as large doses of potassium iodide as he could take without toxic symptoms.

As soon as interference with digestion or irritation of the mucous membranes

resulted from iodism, the dose was diminished. The exact quantity taken in twenty-four hours cannot now be definitely determined. It was, probably, in the neighborhood of two drachms per diem. Under this treatment he continued for twelve weeks. His condition improved, the thrill in the subclavicular region became almost extinct and in every respect the patient was vastly better. Confinement to bed, however became so irksome to him that he finally insisted upon getting up and returning to his home on December 4, 1887.

Dr. Roberts saw him once or twice at his own home during the winter of 1887 and 1888, and finding him not as well as when he was in the hospital but in a very fair condition, advised at that time the operation mentioned above. This was, however, declined by the patient.

Nothing further was heard of the patient until the spring of 1889, when Dr. Roberts was asked to see him subsequent to a profuse hæmoptysis. It was then stated by the patient that in the interim of treatment he had got along quite well and had been frequently out and about the streets and was well enough had he been a man of affairs to have attended to ordinary business engagements, though, of course, heavily physical labor would have been impossible. He was treated with fluid extract of ergot, ammonium bromide, tonics, etc., for the hœmoptysis, excessive cough, and grave debility. It was stated that at one time he lost about one pint of blood. This seemed to relieve the dyspnœa and he was, therefore, made more comfortable. There was also profuse muco-purulent expectoration. He was then admitted into Dr. Roberts's ward at St. Agnes's Hospital June 22, 1889.

In May, 1889, a note was made that there was marked bronchial breathing on the right side of the chest, subcrepitant râles on both sides and a good deal of cough—though cough was not so excessive as it had been.

The fact that the aneurism had not increased in size since Dr. Roberts had seen him previously, which was nearly a year and a half; and that there was no bulging forward or evidence of erosion of the sternum or ribs made him suspicious as to the aneurismal character of the growth, and he, therefore, suggested the possibility of the disease being a vascular sarcoma located within the chest. Operation had been deferred at the time the patient was in St. Mary's Hospital because of the improvement under medical treatment. And at the present time the fact that no increased development was apparent rendered operation questionable, especially, as the man evidently was the subject of phthisis.

Upon his admission to St. Agnes's Hospital the patient was very weak, had great dyspnœa, was the victim of harassing cough with expectoration, and was evidently in a precarious condition. June, 22, 1889, a physical examination was made by Dr. J. P. Crozer Griffith, an abstract of whose notes made by Dr. Thomas Vincent, the resident physician, is as follows:

No abnormal pulsations were noticed in the neck. Dyspnœa generally marked on talking. Expansion of the right side was much greater than that of the left side. Supra-clavicular fossa was more clearly depressed on the right side than on the left side. No bulging anywhere in the intercostal spaces; they were about normal on both sides. No marked difference in vocal fremitus.

Percussion of lungs: right side anterior: full and resonant. Left side supraclavicular fossa: resonant over clavicle and extending downward to about the first intercostal space decidedly impaired.

The resonance of the manubrium was normal, the impairment commencing with the cardiac dullness.

Right supra-spinous and back of supraclavicular fossa: fine crackling râles heard on inspiration. Expiration prolonged and somewhat bronchial. Infraclavicular fossa gave much the same inspiration, and the expiration was prolonged. Over the right side of chest a murmur was noted, and fine râles occurring with expiration. Left supraclavicular fossa: numerous small mucous and some fine râles, with the bruit over the respiratory sound. Over the left chest: respiratory sounds feeble, with numerous mucous and sub-mucous

râles. Posteriorly, infra-spinous fossa both sides somewhat impaired. Infra-spinous fossa, negative. Elsewhere in the chest, negative.

Right side, auscultation negative. Left side, auscultation supra-spinous fossa: numerous mucous râles heard. Inspiration feeble. Infra-spinous fossa, and elsewhere over the chest, numerous râles Respiration weaker than on right side. and bronchial in character.

Heart: First left interspace from the boundary of the sternum outward about two inches, was a very distinct thrill, but no expansile pulsation. Apex beat very feeble, and only felt in the fourth and fifth interspaces within the nipple-line when the patient was leaning outward, or on full and held inspiration.

Auscultation of the heart: at apex of heart a low-pitched systolic murmur was heard. Second sound clear. Over the xiphoid cartilage a ringing second sound was noted, and a high-pitched systolic murmur. Over a portion of the chest there was a loud systolic bruit. There was no diastolic murmur. A systolic murmur could be heard faintly in the left carotid, and likewise a loud murmur above the left clavicle. The murmur was faintly heard in the left axilla. There was a faint murmur in the left supra-spinous fossa, but none elsewhere in the back.

Right radial artery: normally full tension. Left radial artery: scarcely perceptible.

The patient died August 14, 1889.

An autopsy was made by Dr. C. L. Bower, and it was found that the patient had tuberculosis of both lungs, and an aneurism of the pulmonary artery and its primary branches. The pleura was noted to be full of adhesions. The remaining organs were normal in their condition.

An examination of the aneurism showed that the pulmonary artery for about four inches from the heart was dilated symmetrically—the dilatation extending also to the primary branches. There was no sacculation, the form being more like that of a fusiform aneurism. The cavity at the greatest diameter of its dilatation was about two inches, and corresponded with the position of the ductus arteriosus. The ductus arteriosus seemed wider than normal, and on the pulmonary side appeared to be patulous. On the aortic aspect, however, it was normally closed. The inner coat of the pulmonary artery showed no disease, and was not the seat of fibrinous clots, but contained chicken-fat clots. The aorta showed several atheromatous patches.

Dr. W. H. Porter, Curator of the Presbyterian Hospital, New York City has compiled a record of cases of pulmonary aneurism. I have added a few more cases, not contained in Dr. Porter's lists, and think that this list now contains nearly all recorded cases up to date.

RECORDED CASES OF PULMONARY ANEURISM.

Previous to 1561: *Ambroise Paré.*—Body of artery dilated to the size of a fist, and its lining membrane quite ossified. Patient died suddenly from rupture of vessels while playing at ball. Observation on Aneurism. By John E. Erichsen. London, 1844.

1749: *Lanciscus.*—The patient, a hatter, "in consequence of too great exertions, especially of an afternoon, in beating the felt of which hats are made, and inhaling at the same time coal-smoke mixed with a watery vapor, became affected with dilatation of the pulmonary artery." De motu cordis et Aneurismatibus.' Lugduni Bat., 1749.

1810: *Starts.*—The aneurism arose during life at the right side of the thorax to the size of two fists: callus of sternum, and of fourth and fifth ribs, were separated from termini of osseous part of ribs, and the aneurism was thus placed outside of the thoracic cavity. Abh. d. Phys. Med. Soc. Zu Erlangen, 1810, I 472.

1825: *Mr. Adam.*—Vessel considerably dilated, to nearly four times its natural size, probably aneurismal. Sudden death from spontaneous rupture of the pulmonary artery. Aorta and other large vessels issuing from its arch completely ossified. Trans. Calcutta Med. Soc., vol. ii., 1826.

1841: *Mr. Foster.*—Male æt. forty-one. Aneurism of the branches of the pulmonary artery. Cause of death, hæmoptysis. Lancet, 1841.

1843: *Dr. Peacock.*—Male, æt. twenty-nine. Aneurism of the branches of the pulmonary artery. Cause of death, hæmoptysis. London and Edinburgh Monthly Journal Med. Sci., vol. iii., 1843.

1844: *Skoda.*—Trunk of pulmonary artery dilated to the size of a goose's egg. The tunics of the aneurismally enlarged pulmonary artery exhibited the same changes seen in aneurisms of the aorta. Abhandlung über Perk. und Auskult. Wien, 1844, p. 311.

1848: *Dr. Dlauhy.*—Sacciform aneurism of the size of a large walnut. The pulmonary artery was in a state of well-marked atheromatous degeneration. Viertelj. für Prakt. Heilk., 1848.

1849: *Dr. Hope.*—Pulmonary artery dilated to four and a half inches inches in circumference. Diseases of the Heart. By Hope 1846, and case 84 Table of Arteries.

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1889: *Dr. C. B. Williams.*—Male, æt. forty. Aneurism of the pulmonary artery and its primary branches. Pulmonary artery for about four inches from the heart was dilated symmetrically, the dilatation extending also to the primary branches. A fusiform aneurism, the greatest diameter of which was about two inches and corresponded with the position of the ductus arteriosus.

The following are recorded cases of aneurism of the pulmonary artery, all, or nearly all, of which are cases of peripheral aneurism occurring in phthisical cavities. I am indebted to the librarian of the Library of the Surgeon-General's Office at Washington, for the following bibliography:

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THE USE OF ERGOT IN OBSTETRICS.*

BY P. C. WILLIAMS, M. D., OF BALTIMORE.

I have been requested to make some remarks upon the use of ergot in obstetrics.

I yield to this request with some reluctance, becuse I know that my opinions and practice bring me in conflict with the prevalent and fashionable teaching of the present day, and because I have reached a time of life when I rather shrink from conflict. With your permission I will consume a little of your time in very brief, but practical consideration of this subject of the use of ergot.

One of the most remarkable facts in the history of medicine, is the tendency of medical men to vibrate between the most extreme views in therapeutics and pathology. Men much younger than I, can remember the extremes to which medical opinion and practice have gone on the subject of blood-letting—or upon the use of mercury in the treatment of syphilis; and upon many other subjects that readily suggest themselves to the well-informed physician.

None of these fluctuations are more marked than the change now going on in reference to the use of ergot in obstetrics. Many of the most prominent obstetricians at home and abroad do not hesitate to denounce its use under all circumstances in obstetrical practice.

At the meeting of the "American Gynecological Society," held in Philadelphia in September 1883, Dr. Engelmann, of St. Louis, read a paper on ergot, in which he used the following emphatic language. "He considered the use of ergot entirely unnecessary in the pregnant women." "The accidents which may result from ergot in labor are: rupture of the uterus, laceration of the cervix, laceration of the perineum, and other injuries to the utero-vaginal tract, and injuries to the child." "He would limit its use to the non-pregnant womb." "It should not be used in abortion. * * *" After several gentlemen had spoken on the subject of Dr. Engelmann's paper, Dr. Albert H. Smith, of Philadelphia, said: "I agree entirely with Dr. Engelmann. I believe that ergot is never needed. * * *" "In the second stage of labor we never have a right to give ergot, for we have in the forceps a much better method of terminating labor. In the third stage, while its use may not be so reprehensible, there are very few cases in which it can be useful."

Dr. Engelmann afterwards published in the *Medical News* for April 5th, 1884 an account of "two cases of rupture of the uterus," in which he ascribes both accidents to the use of ergot.

Dr. Englemann premises his discription of these cases with some general remarks on the use of ergot, in which he repeats the views expressed in his paper before the Gynecological Society, and further says, that "ergot does so much more harm than good, and is so potent for good or evil, that I would condemn its use in obstetric practice altogether. Parturient women would be better off if ergot was stricken from the pharmacopœia; it is never necessary, and when really needed cannot be relied upon for immediate action; and other means must be resorted to." * * These are strong emphatic words, and they are sustained by many men of distinction and authority in the medical profession.

*Read before the Baltimore Medical Association, December 9th, 1889.

When we look into the literature on the subject of ergot we find a terrible history of injury and death. A history that I cannot understand or explain when I judge it in the light of my own personal experience.

It requires some courage to place that experience against such an array of authority. When the Apostles Peter and John were "commanded not to speak any more in the name of Jesus," they replied: "We cannot but speak the things which we have seen and heard."

In other words they felt compelled to assert their convictions and their experience, even in the face of such commanding authority as that of the Sanhedrim. So, in the use of ergot, my own experience has led me to convictions that I cannot abandon even in the face of such authority as confronts me in the state ments of the distinguished practitioners already quoted, and in the statistics which I shall hereafter quote from various authors.

Stillé, in common with all who write on the subject, speaks of the influence of ergot upon the mother and also upon the child. The authors whom he quotes, as well as Drs. Engelmann and Smith, whom I have quoted, represent "rupture of the uterus, lacerations of the cervix uteri, rupture of the perineum, etc., as common results of the adm nistration of ergot. So common that Drs. Engelmann and Smith think that it ought to be banished from the pharmacopœia.

It is unfortunately true that any remedy that is powerful for good when properly used, becomes equally powerful for evil when used improperly. This is certainly true of ergot. If we examine the cases that have resulted disastrously, we will generally find that the ergot has been improperly administered.

Take for example the second case quoted by Dr. Englemann. I omit the first case given by him because there is such lack of careful description, that it is by no means certain that the rupture of the uterus was produced by the ergot. In the second, there can be no doubt as to the cause of the rupture. Nor can the result surprise us in the least, when we look at Dr. Englemann's description.

He was called in consultation after the rupture had taken place, and gives the following history: He found that the lady was under the care of a midwife, and was four days in labor, with a *shoulder presentation.* On the third day a physician was called in, who found "the os dilated, but the parts rigid and dry, and the arm down" in the vagina. He at once ordered ergot, and in about thirty minutes gave three doses of a drachm each. He then endeavored to turn and failed. A second physician was sent for, who also failed to deliver. The patient was then left "*with instructions to refill the bottle of ergot and continue its use.*"

On the morning of the fourth day, Dr. Engelmann was sent for and found the condition already described, with the addition of a ruptured uterus! After "disarticulation and eventration," the doctor removed the child, and the mother died two hours thereafter! Why not Cæsarean section?

Can anyone wonder that ergot produced rupture under under such circumstances? Or can anyone fail to read the lesson taught by such a case?

Lst us now suppose that the presentation is right, but that the mother has a deformed pelvis, which prevents the progress of the labor until the mother is exhausted by ineffectual effort, and the pains cease by reason of that exhaustion. Under these conditions ergot is given to revive the pains, and the patient is left to its relentless influence. Could anyone be surprised if disaster would befall both mother and child? Or could anyone fail to understand the lesson taught by such circumstances?

Let us again suppose that there is neither deformity of the pelvis nor malposition of the child, but that the "membranes" are ruptured and "the parts are rigid and dry," and the progress of the labor is so slow as to exhaust the patience of mother and doctor.

Ergot is given to "hurry up the labor," but the labor persists in being tedious, and will not progress, although the pains have been "aroused and strengthened" by the medicine.

Can anyone be surprised if injury befalls the child and even the mother?

But what is the lesson taught under such circumstances?

In all these cases we see at once that the ergot has been given ignorantly and improperly, and disaster has been the inevitable result.

But does it follow from these manifest mistakes that there are no conditions in which ergot can be useful? Or does it follow that ergot is equally destructive under all circumstances?

Let us now examine Stillé's statistics as to the effects of ergot *upon the child*, as given in vol. 2, page 691, of his work: "Therapeutics and Materia Medica." I quote verbatim: Prof. Busch, of Berlin, administered it in 175 cases on account of weak labor pains, after the os uteri was well dilated. 177 children were born, of whom 17 were dead, and 18 in a state of asphyxia—viz., about 1 in 10.

Mr. Chatto refers to 420 cases of labor, in 80 of which ergot was exhibited.

422 children were born, of whom 31 were dead. 10 still-births occurred among the 80 cases treated by ergot, and 21 among the remaining 340 cases, so that the proportion of deaths in the former class was 1 in 8, but in the latter 1 in 17.

In the report of Drs. McClintock and Hardy we find that out of 259 tedious and difficult labors, 173 deliveries took place *without any instrumental assistance*. Of this number 30 got ergot to overcome inertia in the second stage of labor, and only 10 out of the 30 were born alive. In other words, the proportion of deaths attributed to this agent was *one in one and a half!*

Dr. R. V. West, in defence of ergot, has published an abstract of 69 cases of labor in which it was administered.

9 children were stillborn, or rather more than 1 in 8. "These statistics" (says Stillé) "leave no doubt that ergot administered before the close of labor has proved very destructive to the life of the child.

These are certainly appalling statements! An average of *one death in seven births!*

Is this danger *inherent*, or does it depend upon the conditions under which the medicine is employed? My own experience justifies me in saying quite positively that the danger depends largely upon the conditions under which it is employed.

Permit me to refer to that experience. In 1874 I read a paper before the Medical and Chirurgical Faculty of Maryland, upon the hypodermic use of ergot in post-partum hæmorrhage. The remarkably prompt and satisfactory results obtained in the cases then reported, induced me to use ergot in most of the cases thereafter coming under my care, with a view of preventing post-partum hemorrhage. The results vindicated the wisdom of that determination. *Since that time* (1874) *I have never had a case of post-partum hemorrhage to deal with.*

From 1875 to the present time I have kept a record of 281 cases in which ergot was administered during the second stage of labor. In these 281 cases I lost 5 mothers and 12 children.

Of the 5 mothers, 3 died in the same year (1877), of puerperal convulsions. *One* (in 1881), of septicæmia, and *one* (in 1882), from exhaustion, before we were able to deliver the child.

Of the 12 children, 2 were twins and died from inherent debility. 1 was stillborn, the mother dying of puerperal convulsions, and was unconscious when I reached her.

One was a foot presentation, and died before I reached the case.

One was destroyed by craniotomy in 1886. That child might have been saved by Cesarean section. But at that period such an operation was not suggested so readily as it might be at the present time.

Three died by strangulation by the cord round the neck (viz., 1 in 1885, 1 in 1887 and 1 in 1889). In these cases the cord was very short, making the labors tedious, and the children died before the nature of the difficulty was discovered.

Four were children of immense size and died by reason of the delay in effecting the delivery. 1 of these 4 evidently perished from an enormous hæmorrhage that occurred during the labor, produced

by the mother's leaping into her bed when she saw me drive up to her house. The suddenness of her motion detached the placenta and led to the terrific hæmorrhage referred to, and which I reported to the Medical and Chirurgical Faculty of Maryland in 1880.

The remaining 3 children were so large, and so out of proportion to the pelvic capacity of the mothers, that their death seemed inevitable. Although ergot was administered in all these cases to guard against hæmorrhage, it seems to me fair to conclude that it had nothing to do with the death of any of them. Whether this be admitted or not, I think all must agree that the facts herein related afford a striking contrast with the statistics quoted by Prof. Stillé.

I think, furthermore, that my experience, as here presented, shows very clearly that the danger in the use of ergot is not *inherent or universal*, but that it results from the conditions under which it is administered.

The second case given by Dr. Engelmann clearly shows that the conditions under which the ergot was given were so unfortunate as to render disaster *inevitable.*

Could any condition be more unfavorable than a shoulder presentation that was permitted to remain unassisted for *three days!* From this case, and many others that might be quoted, it is indisputably evident that ergot should *never be given in a shoulder presentation, before that presentation is corrected.*

Upon general principles it is equally clear that it should never be given *in any malposition of the child*, unless it is immediately followed with active intervention to terminate the labor.

It should *never* be given in the *first stage of labor*, unless the os uteri and the vagina are fully dilated, or are *easily dilatable.*

It should *never* be given in *any stage of labor* where the head of the child is too large for the pelvic capacity of the mother, unless the forceps are to be used immediately.

On the other hand, *it may be given without hesitation* in the *first stage* of labor after the os uteri is dilated or dilatable, provided there is no disproportion between the child and the pelvis, or no malposition.

It may be given in *the second stage*, with the same restrictions, provided the vagina and the perineum are distensible and elastic.

It may be given in *any stage of labor*, under the restrictions given in the two previous clauses, provided the "pains" are feeble and ineffectual, in order to shorten the duration of the labor.

In *every case* in which ergot has been given, when we find that the head ceases to descend, or *when it fails to recede* in the interval between the pains, it becomes absolutely necessary to apply the forceps and terminate the labor. It was the failure to observe this rule that led to the frightful proportion of deaths reported by Drs. McClintock and Hardy, where they gave ergot in 30 cases of "tedious and difficult labors," and left them to terminate themselves "*without instrumental assistance*," and where they lost 20 *out of* 30 *cases!*

Under these circumstances delay is always dangerous, either to the child or to the mother, or to both child and mother. This delay is the fruitful source of danger to the mother, leading to fistula either of the bladder or rectum.

I have never had a case of recto-vaginal, or vesico-vaginal fistula occurring in any of my patients, and I attribute this immunity to the adoption of the rule here laid down.

Believing, as fully as I do, that the great function of the doctor is to relieve pain and to mitigate suffering, I feel that it is the absolute duty of the obstetrician to do what he can to relieve the pain of child-birth, so far as he can with safety to the mother. Therefore, for many years, it has been my custom to give chloroform in nearly every case of labor that I attend.

It is my conviction that chloroform not only destroys the pain, but that it materially shortens the duration of labor, and thus confers a great benefit upon the woman, and facilitates her convalescense, by preserving her from the exhaustion that always results from long continued pain.

Inasmuch as many think that chloro-

form tends to weaken the pains, and also to expose the patient to hæmorrhage, I have determined that it is wise to take the benefit of the doubt, and to give ergot before I administer chloroform. This maintains the strength of the pains. and at the same time protects the patient from the risk of hæmorrhage. Therefore, as I give chloroform to nearly every patient that I attend in labor, so likewise I give ergot in the same proportion, unless it is contra-indicated by some of the conditions already referred to, such as malposition of the child; deformity of the pelvis; or rigidity of the cervix, vagina or perineum, etc.

Then again I give ergot to maintain uterine contraction after the termination of labor, and thus guard against post-partum hæmorrhage, and against septic absorption.

Since I adopted this rule, that is since 1875. I have not had a case of post-partum hæmorrhage, and I have only had *one case of septicæmia.*

Mr. President, I have thus conscientiously given my experience, which extends over a period of many years, and I have found it so eminently satisfactory that I am unwilling to lend too ready an ear to the denunciations that are now being hurled against the use of ergot in obstetrics.

I agree with the objectors that ergot is a powerful agent for good or evil, according as it is used wisely or recklessly, and therefore I cordially unite with them in raising a warning voice against its abuse, and have endeavored to contribute somewhat to confine its administratin within the bounds of wisdom and of safety.

A grateful female patient is said to have sawed, split, and sent to her physician, Dr. S. Weir Mitchell, a cord of wood, to show him how she, had improved in health and strength.

The daily papers announce the death of Sir Robert Kane, M. D., of Ireland.

A Pasteur Institute under the direction of Dr. Paul Gibier, was opened in New York last Tuesday,

TWO CASES OF COMPLETE ANATOMICAL CURE OF FIBROIDS OF THE UTERUS UNDER THE APOSTOLI METHOD.

WITH REMARKS.

BY G. BETTON MASSEY, M. D.

OF PHILADELPHIA.

Favorable reports of the electrical treatment of fibroids are by no means infrequent at the present time, but instances of complete disappearance of these tumors are sufficiently rare to be noteworthy. During the past summer and fall, of a number of these cases treated at the Howard Hospital, two were completely cured—anatomically as well as symptomatically. Each of these cases was seen at the beginning of treatment by several physicians who were taking a course with me, and the diagnosis confirmed. To-day they have no tumors, and are, moreover, in greatly improved health.

The largest tumor and the one requiring the longest treatment was that of

Mrs. D., aged thirty-four, the mother of seven children, the youngest two years old. She had one miscarriage several years before the birth of her last child, and since then had been troubled with a purulent leucorrhœa and pain in the left groin. She came to the hospital for flooding which had lasted a week, though her menstrual periods had not previously troubled her much. General health and appetite were poor and she was constipated. At her first visit she was given ergot and examination was postponed. Five days later, July 29th, 1889, the flow continuing, she was examined, disclosing a fibroid enlargement of the uterus that filled the pelvis and extended above the level of the upper anterior spines of the ilium. The whole was firmly wedged in the pelvis and the upper portion was readily felt through the abdominal wall, being hard, some-

*Read before the Philadelphia County Medical Society, January 22nd, 1890

what flattened in shape, and with a slightly irregular surface. The right lip of the os was thickened and evidently participated in the fibroid degeneration. The sound entered but two and a half inches, passing to the left.

As the hemorrhage had lasted nearly two weeks a positive cauterization of the cavity was given with 110 milliampères for three minutes. Two days later she returned saying she had done a large wash, which had troubled her less than before. There was no hemorrhage, but some leucorrhœa. No treatment. August 5th. the tumor was less easily felt by external palpation and she felt much better. The treatment this day consisted of 100 milliampères, positive, for two minutes. August 9th. greater diminution noted; 80 milliampères, positive for two minutes. August 16th. patient says she can now eat and sleep much better than before; she was given 80 milliampères, positive, for two minutes. A menstrual period lasting eleven days followed, and on September 2d. the sixth positive cauterization, 80 milliampères, was given, followed by one of the same strength on the 13th, and one of 60 on the 16th. On September 27th. the tumor was almost gone, the patient's color was improved, and she was getting so stout, particularly in the abdomen, as to make her think she was pregnant. On this day the last application, one of 70 milliampères, was given. As the case did not return to the clinic she was especially sent for on December 12th. and the following note made: Examination shows no evidence of tumor. The only abnormal conditions present are a thickening of a lateral portion of the os and slight fixation of the uterus, with slight leucorrhœa. She states her periods are regular, lasting but three days.

Duration of treatment two months. Number of applications, nine.

The second case, Mary M., æt. forty, the mother of two children, youngest twelve years old, came to the clinic September 18th. 1889, complaining of weakness and feverishness, pain in the right groin, irritability of the bladder and irregular menstruation. These symptoms, with menorrhalgic cramps, had troubled her for a year, and of late she was so weak as to be subject to frequent fainting fits. There was no constipation. Examination showed a projection from the right side of the fundus uteri about the size of a goose egg. The mass was firm, continuous with the uterine body, and extending nearly to the top of the iliac bone, the cavity admitting the sound but two and a half inches. The first treatment consisted of a negative cauterization of 60 milliampères to the cavity. This was repeated two days later. On the 27th of September she reported herself better, and the tumor was noted as smaller; but 30 milliampères were given at this time. On October 2d and 11th the same dose was given, as the tumor was found to be shrinking satisfactorily. On the 18th of October neither myself nor my assistant could find any other trace of the tumor than a slightly enlarged uterus. The woman was perfectly well in every way. An examination made in November was equally fruitless in finding any evidence of a tumor or other morbid condition in the pelvis, and the uterus was then normal in size.

Duration of treatment one month. Number of applications, five.

This last case is now unfortunately sick with the prevailing epidemic of influenza, but both of them will be glad to see any physician interested in the subject, at their addresses, which I will give on application.

In reporting these results I do not wish to claim that they are other than exceptional. The usual result in these cases is merely a symptomatic cure, with arrest of growth and reduction in the size of the tumor, as has been demonstrated by a number of cases under my care.

With these facts before us, I wish to urge upon the profession that they no longer slur over the diagnosis of commencing fibroid tumors with the impression that nothing can be done for them, for it is in the early stages that they are most amenable to this treatment.

1706 Walnut St., Philadelphia.

Society Reports.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

STATED MEETING HELD JAN. 8TH, 1890.

Dr. Charles B. Williams read a paper entitled

A STUDY OF ANEURISM OF THE PULMONARY ARTERY, WITH THE REPORT OF A CASE.

(*See page* 321.)

In the

DISCUSSION

which followed

Dr. J. P. Crozer Griffith said: I had the opportunity of examining this case during my term of service at St. Agnes's Hospital, and though I was unwilling at the time to commit myself to a diagnosis of subclavian aneurism, and did not feel sure that this existed, I am forced to say that the possibility of the presence of an aneurism of the pulmonary artery did not come into consideration. This case teaches that we should never be led astray by the fact that a certain disease is a rare one, but that its possible existence in any case under examination should always be taken into account. I was forcibly impressed by this some years ago, during the frequent observations made on a case of ulcerative endocarditis, in which the lesion was supposed to be situated in the mitral valve; the possibility of its being a tricupsid lesion, as the autopsy later showed it to be, not having been thought of. And, as in that case, so here, it is instructive afterward to review the symptoms, and to endeavor to determine whether it would have been possible to have drawn a correct conclusion from these and the physical signs.

Very little is written in the text-books regarding aneurisms of the pulmonary artery. Cutler, in the *System of Medicine*, by American authors, says that it is of so rare occurrence that it may be merely mentioned. The symptoms of the affection are those described by Dr. Williams, but unfortunately, only a few of them are usually present in any given case. One patient will have lividity, another dyspnœa, another the peculiar thrill, etc., and in fact there are seldom or never enough symptoms in combination to render the diagnosis easy. I do not now remember the condition of the pulmonary second sound in the case reported, and I do not think that the report mentions it; although I am sure that some reference is made to it in the original notes of the careful examination which I tried to make of the patient. This condition of the pulmonary second sound is a matter of the greatest diagnostic importance.

The diagnosis rests between aneurism of the pulmonary artery, aneurism of the descending portion of the arch of the aorta, and aneurism of the subclavian artery.

The position of the dulness might indicate the latter, yet aneurism of the pulmonary artery would occupy about the same position, and that of the aorta might reach the chest wall at the same place. Thrill could occur in any of these aneurisms, and a systolic murmur might be heard in any of them, or might be entirely absent. I believe it was Stokes who raised the doubt as to a murmur heard over the aneurismal sac being at all a symptom of aortic aneurism. He examined a large number of museum specimens of aortic aneurism, and compared them with the clinical histories of the cases. In every case in which a murmur over the aneurism had been recorded during life, disease of the aortic valve was found post-mortem; and, conversely, in those cases in which no such lesion existed, no aneurismal murmur had been noted while the patient was alive. He therefore suggested that it was at least possible that the murmur was simply a transmitted murmur from the diseased valves, and had nothing to do with the aneurism. In the specimen exhibited this evening, I notice that the leaflets at the pulmonary orifice are decidedly diseased; and the case history reports, as you remember, a murmur.

One point which might aid in the diagnosis is the location of cardiac hypertrophy—whether the right or the left side is involved.

There was no marked dyspnœa or lividity in this case, and whatever existed could be explained as well by the presence of phthisis, from which the patient was suffering.

In aneurism of the aorta we would expect a ringing aortic second sound, probabably more distinct over the tumor than over the aortic cartilage. In aneurism of the pulmonary artery, on the other hand, we would look for accentuation of the pulmonary second sound. Such an accentuation, however, does not necessarily indicate aneurism. It is commonly met with in children in perfect health, and it is an attendant on any condition which produces increased tension in the pulmonary circulation. I think that the only way in which we could have reached even a probable diagnosis in this case would have been by detecting evidences of hypertrophy of the right side of the heart and an accentuation of the pulmonary second sound; and in reviewing the matter I cannot feel that we should reproach ourselves in the least for the failure to make a correct diagnosis.

Dr. G. G. Davis: The importance of the differential diagnosis in theses cases is evident. If, under the supposition that the aneurism were one of the subclavian artery, that vessel were ligated, the operation would be useless, and the patient might possibly lose his life. The only additional point in diagnosis which I see is that aneurism of the pulmonary artery involves the deeper structures and is not so apt to give rise to the anterior chest symptoms as usually occurs where the arch of the aorta, or its branches, are involved.

Dr. John B. Roberts: It seems to me that the interest in this case does hinge largely upon the diagnosis. None of the gentlemen who examined the case three or four years ago, suggested the possibility of aneurism of the pulmonary artery. When the case again came under my observation six months ago, it seemed to me questionable whether the subclavian artery was the seat of aneurism. I was led to this opinion by the fact that he had lived so long with considerable comfort, and the fact that there was no bulging forward of the ribs or sternum. I did not even then think of aneurism of the pulmonary artery, but was inclined to think that it was some form of vascular sarcoma.

The surgical bearings of the case are very important. After he left St. Mary's Hospital, I strongly advised operation, but he declined. If he had accepted the operation, he probably would have died. This case shows that conservative surgery is sometimes the best surgery. Patients with internal aneurisms may live comfortably for a long time, provided they do not have to do heavy work. I believe that aneurism is a good deal like heart disease. There are aneurisms and aneurisms, just as there is heart disease and heart disease. I recall a somewhat similar case which was published in a journal a few years ago. Aneurism of the subclavian was diagnosed, and operation performed. The patient died, and no aneurism was found.

Dr M Price: I would ask Dr. Roberts if he ever saw a case of subclavian aneurism where there were not some external and positive symptoms near the artery? Is it exactly conservative surgery to tie the subclavian artery without some external symptoms of so serious a condition?

Dr. Roberts: In this case there were external symptoms of subclavian aneurism. There was dulness under the clavicle, and there was a distinct thrill when you placed the hand under the clavicle. There was apparently a marked difference between the radial pulses on the two sides. During one period of the treatment the right pulse was barely perceptible. As subclavian aneurism progresses, it nearly always bulges up into the neck and outward through the ribs. It was the absence of this, after several year's progress, which led me to doubt the correctness of the diagnosis.

BALTIMORE MEDICAL ASSOCIATION.

STATED MEETING, HELD DEC. 9TH, 1889.

Dr. Randolph Winslow presented a specimen of

A LARGE MULTIPLE FIBROID TUMOR OF THE UTERUS.

The woman had been suffering with various unpleasant symptoms; dysmenorrhœa, &c. She was operated on at the University Hospital for removal of the ovaries. They were not found; the wound was closed and the woman discharged. Three months after, he found her suffering acutely, and performed hysterectomy with the above result. He found also an unsuspected pelvic abscess, while operating; not an unusual occurrence. He was unable to find the ovaries with the whole pelvic viscera exposed. The stump was treated extraperitoneally to avoid leakage into the peritoneum. This gives better results than the intra-peritoneal treatment. After 21 days the stump sloughed, leaving a funnel-shaped opening. Recovery followed.

Dr. P. C. Williams read a paper on

THE USE OF ERGOT IN LABOR.

(*see page* 327.)

DISCUSSION.

Dr. C. H Jones says he is a great advocate of ergot in labor, a remedy of great value or much harm, as used properly or improperly. When given under proper conditions it will give good results. Of course, under improper conditions it does harm. He has given it in over two-hundred cases with but one bad result, in which the child died before delivery, death being due to the toxic effect of the drug. He thinks giving ergot before the delivery of the placenta is not always wise, as we may have a series of violent after-pains hard to control. This happens, sometimes even after delivery of the afterbirth.

Dr. Wilmer Brinton said: I was taught to use ergot in all stages of labor and did so in my practice until I was convinced that it was the factor in the death of two or three children. I therefore discontinued the use of ergot until the completion of labor, giving it only after the expulsion of the placenta. Since 1885, I have practically discontinued the use of ergot in obstetrical practice. In other words I do not give ergot unless I see some indication for it. In the Lying-in Department of the Maryland General Hospital during the past year, 34 women have been delivered. All of them have been examined by classes of students, several have been chloroformed, forceps used, but no ergot given. All have done well.

In the Rotunda Hospital, Dublin, and in the Lying-in Hospitals of Germany and France, ergot is prohibited. In the institutions we find men who devote their whole lives to the study and practice of midwifery. Their individual experience is a hundred times greater than any one here to-night. I would like to ask why is it that if ergot is an agent for good, these accomplished obstetricians do not use it, instead of forbidding it?

Some have contended that ergot assists in the process of involution, but more recent experiments have disproved this. If labor be a physiological function, why should ergot be given as a routine practice. Dr. Williams has reported 285 cases since 1876 in which he has given ergot and has seen nothing but good follow its use. This has been so with him; he is recognized as a careful and accomplished obstetrician; but is this good practice in the hands of the average man? I think not. I believe it to be bad practice. I believe in the vast majority of labor cases, ergot is not needed, and in deference to this view I offer the experience derived from watching nearly three-hundred cases of labor which have been under my care since 1876, in which practically no ergot was used.

Dr. John D. Blake was taught fifteen years ago to use ergot after the expulsion of the child, that it would not interfere with the delivery of the placenta and would ensure contraction. This was practised by him for several

years. He found at times that the placenta would be caught in some contraction of the uterus. He still, however, keeps it by him ready for use. This has been his practice for the last three years. Of course now in cases of prolonged inertia uteri, he gives it; also when after several days the lochia become offensive and do not change under hot vaginal and uterine douches.

Dr. Jones said in his case the ergot failed to bring on contractions of the uterus. Still, after three doses, half an hour apart, without bringing on contractions, he applied the forceps and deliv ered a dead child. The child evidently died from the toxic effect of secale cornutum.

Dr. Geo. H, Rohé said that at the Maternité, until he took charge, ergot was not given until everything was out of the uterus. Now it is only given when hæmorrhage is actually present and in cases of so-called sapræmia to prevent continued absorption of septic material.

To sum up, ergot is not necessary,

1. To hasten delivery.

2, To prevent post-partum hæmorrhage.

3. To prevent sapræmia, because other measures at our command answer better.

Dr. John D. Blake says he starts out with the intention of not using chloroform to narcosis, but it is hard to control the movements of the patient when semi-unconscious. They will roll about and interfere thereby. If not used to complete narcosis it seems of no value; if used to full narcosis it is hardly a legal remedy unless administered by a competent assistant.

Dr. Randolph Winslow wishes to endorse the position taken by Drs. Rohé and Brinton. His own experience in recent years has been rather adverse to the use of ergot. If there be any obstruction we surely do not need it. It is better in inertia uteri to apply a vis a fronte than a vis a tergo. To prevent sapræmia, hot douches are better.

Dr Ashby thinks Dr. Williams takes a very conservative view. He seldom uses it in practice, trusting rather to physiological processes. When he does use it, it is only in the third stage, but he thinks it ought always to be on hand, ready for use. He has never given it in the first or second stage, but he thinks under proper conditions and precautions it might be used in each stage. He uses chloroform always. He has not had the trouble Dr. Blake refers to, though he never gives it to profound anæsthesia.

Dr. Williams thinks we should always do all we can to hasten labor and relieve pain. He believes any wise physician will do this within the bounds of safety. He has no patience with those obstetricians who say it is a physiological process, and sit by and see a woman suffer unnecessarily. Take away chloroform and the forceps and he would retire from obstetric practice. He has no trouble with the use of chlorform and always has it on hand. He did not say he gave ergot in all his cases. He said he gave it in 281 cases.

He thinks Dr. Rohé's position in all three cases untenable. He has seen many cases in which ergot had to be used in the first stage to set up again pains which had ceased. In cases of inefficient labor he gives it. He knows it is fashionable not to give it. He has no right to refuse to use an agent that might be abused by some one else.

In the third stage he gives it to maintain the contractions of the uterus. If we wait till the placenta is expelled, to give ergot, we have to wait from twenty to forty minutes for the ergot to manifest itself, if given by the mouth. In many cases we anticipate post-partum hæmorrhage, and in them we ward off trouble by giving ergot in cases where there is rigidity of the parts, in malposition, in malformation, etc.

He gives it in inertia to hasten labor; he gives it to prevent sapræmia and to prevent after-pains. He is not an advocate of the routine practice of giving it in all cases, but gives it when he thinks it necessary.

He wants to enter a protest against the present position of professors in shutting it out of institutions. We ought to teach students to use it wisely and not indiscriminately.

He regulates the quantity of chloroform by its effect on the patient. He gives it to relieve pain and to quiet the patient. He gives it in 95 per cent. of his cases, and has never had any trouble. He gives it in the first stage, when the woman is very irritable.

HENRY B. GWYNN, M. D.,
Recording and Reporting Sec'y.
724 N. Gilmor St.

DONT'S IN ANTISEPTIC SURGERY.

Dr. Ap. Morgan Vance, of Louisville, in a paper read before the McDowell Medical Society, called attention by the following series of *dont's* to the importance of the little things in antiseptic surgery:

Don't fail, when possible, to have a general bath before doing a major operation.

Don't do any operation with suspicious hands: hot water, soap, nail brush and penknife should be carefully used by the principal and assistants before any operation. It is best to cut the nails very short, so there will be no place for germs to lodge.

Don't, just before or during an operation, put your fingers about your nose, eyes or ears, or use your handkerchief, or shake hands with any one. It is better to offend a visitor than to run the risks of infection.

Don't pick up, or allow your assistants to touch, any instrument, sponge or suture that has fallen upon the floor during the operation.

Don't bite off the end of a suture that it may the more readily be threaded.

Don't put your knife, or other instrument, in your mouth, or behind your ear, preparatory to its use.

Don't fail to detail some one to wipe your face during a long and laborious operation.

Don't cough or sneeze over the operative field; consequently the use of tobacco or the presence of a cuspidor should be forbidden in the operating room.

Don't fail, when possible, to have the patient bathed, and clothing changed, before an operation. When this is not possible, thoroughly cleanse the field and never make or dress a wound wher, the surrounding parts have not beene shaved thoroughly.

Don't allow any visitor to handle the field of operation, after the patient is prepared, unless he is aseptic.

Don't allow visitors who are doubtful, *i. e.*, who are attending patients with gangrene, erysipelas, or puerperal fever, etc., unless they have taken all precautions.

Don't fail to have the field surrounded by warm sublimated towels.—*Times and Register.*

Dr. Heinrich Frey, Professor of Anatomy in the University of Zürich, died on January 23rd, of an apoplectic seizure, which occurred in the course of an attack of influenza. He was well known in the scientific world by his works on the microscope and on histology, which have been translated into all the principal European languages. Professor Frey was in his 69th. year.

The number of medical students at foreign universities during the summer semester is as follows: Vienna, 2064; Munich, 1462; Berlin, 1186; Würzburg, 983; Dorpat, 931; Leipzig, 874; Gratz, 586, Cracow, 522; Freiburg, 452; Greifswald, 422; Bonn, 402; Breslau, 380; Halle, 337; Kiel, 316; Erlanger, 301; Strassburg, 300; Heidelberg, 297; Zürich, 288; Innsbruck, 285; Königsberg, 266; Tübingen, 265; Bern, 251; Marburg, 236; Göttingen, 227; Jena, 226; Giessen, 173; Rostock, 155; and Bâsle (Basel), 109. Total 13.716.

The General Secretary of the International Medical Congress annonnces, that as many Americans will probably go to the Congress at Berlin, the committee of organization desiring to lessen the cost of this trip, have, with the aid of Messrs. Brasch and Rothenstein of Berlin, and the Hamburg American Packet Steamship Co., made very advantageous arrangements by which steamship accomodations may be engaged at a great reduction. It is their purpose to arrange for reduced rates in America (for inland tours), and in England. In Germany such rates are obtained by round trip tickets. Any combination of which will be made gratis for members of the congress by Messrs. Brasch and Rothenstein.

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WILLIAM B. CANFIELD, A.M., M.D., Editor

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BALTIMORE, FEBRUARY 22, 1890.

Editorial.

THE STRANGE ORIGIN OF A BRAIN-ABSCESS.

One objection urged against the acceptance of the germ origin of disease is, that in many cases processes which are ascribed to the presence or the agency of bacteria are observed in situations to which bacteria could hardly by any conceivable means penetrate. Careful observation is showing, however, that certain disease-processes are invariably set up by infection through the skin or the mucous surfaces of the body, the most devious and unexpected tracts of infection being brought to light by post-mortem study.

In the *Archiv. für Klinische Chirurgie*, B. 39, H. 2, S. 269, a very striking illustration is given, as related to Dr. Rinne by Dr. Grawitz. A patient died of purulent basilar meningitis. At post-mortem a purulent infiltration of the pia mater was found in the left middle fossa of the skull, quite definitely circumscribed, and without any perceptible connection with the ear. The suppurating tract led, however, toward the left sinus cavernosus, which, being opened, was found to be full of pus. A specially noticeable purulent infiltration, already in the first stage of resorption, could be traced in the sheath of the nervus trigeminus. The second branch of the trigeminus (the superior maxillary), appeared to have led the disease-process into the cranial cavity. Upon investigation, it was learned that when the patient was in hospital, about two or three weeks before, he had had a furuncle on the face exactly over the point of exit of the left nervus infra-orbitalis (which is composed of branches of the superior maxillary). At the time of the post-mortem, the furuncle, as far as outward appearances went, seemed to be healed. It was the common opinion of Dr. Grawitz and the other physicians present that the furuncle had been the starting-point of the infection and that, without a post-mortem, no one would ever have suspected the progress of the disease-process in the sheath of the second branch of the trigeminus.

THE COMPLAINTS OF OUR CORRESPONDENTS.

The correspondence column of the JOURNAL contains this week three communications written in rather a plaintive strain, on subjects which will be periodically brought forward as long as such grievances exist. The large majority of physicians and laymen are perfectly indifferent to them, but a few, having

such practices forced upon them, are compelled to give vent to pent up feelings, taking refuge behind vague signatures, not because they are afraid of the views expressed, but on account of the ill will which all such attempts at reform are sure to bring upon the head of the reformer.

It is the constant dropping that will wear away the hardest stone. The constant and continued complaints against advertising in any form in the daily papers, against dispensary abuse and counter prescribing, when made in reason by men of sincerity, may in time bring the profession to think of the evils that such grievances bring with them, and gradually do good by starting and effecting permanent reforms.

Correspondence.

TO ADVERTISE, OR NOT TO ADVERTISE, THAT'S THE QUESTION.

Editor Maryland Medical Journal:

DEAR SIR:—When a new center of medical light shines among the Gentiles, we look to it for an example in deportment, as well as for knowledge. Heretofore in Baltimore, it has not been the custom for physicians and surgeons to advertise their cases in the public prints. While a few have systematically done so, and even encouraged reporters to call regularly at their offices for items, the more honorable of our profession have not, preferring to wait if need be a little longer for practice, than to advertise in the news columns, directly or by tacit censent. A simple request on their part at the newspaper office would cause items of this sort to cease as far as they are concerned. If, therefore, they continue to appear, we may all know that it is without protest on their part.

If it were possible to do justice to all in the newspapers, and every case where unusual care, judgment and skill were employed could be published, so that the public might know whom to praise, and for what, the matter would wear a different aspect. Why should not the man who successfully conducts a difficult and complicated case of labor requiring operative interference, receive his meed of credit, and why not the man who saves a life otherwise lost from typhoid fever? It has been clearly shown that physicians are the only ones capable of judging of the difficulties surmounted in medicine or surgery. They alone know whether the patient's life was probably saved or sacrificed, and we think we voice the sentiment of all honorable physicians, that the advertising of individuals by name in connection with cases, in the public prints, is not worthy of a great university or hospital. Surely those who can well afford to wait should set the best of examples.

A PHYSICIAN.

DISPENSARY AND HOSPITAL ABUSE.

Editor Maryland Medical Journal:

DEAR SIR:—There is great complaint being made by the medical profession that the dispensaries, colleges and hospitals of Baltimore are impoverishing the practitioner by a too free treatment of disease and a too free dispensation of medicine to those who are able to pay and should be made to pay for such service. All kinds of suggestions are being made to remedy the evil, some bad and most of them impracticable.

I have thought over the matter a good deal, and think I can present a solution; at least I will make the suggestion.

How would it do if our charitable institutions were to insist on each applicant for service bringing a certificate from his or her nearest physician, stating that he knows them to be in need of service and unable to pay.

This, I think would stop the wholesale scramble for medical service and

free medicine, by people who are well able to secure the service of a physician and pay for same, and who are also able to pay for their medicines.

The physicians would not, I am sure, object to the giving of such certificate to people who need them, particularly as this whole matter is gotten up for the benefit of the physician. I claim that our physicians are not the only sufferers. The people themselves suffer to a great extent. They must suffer in self-respect. Our present system is making of us a parcel of mendicants.

We have no more right to ask the physician for free service or the dispensaries for free medicine than we have to ask for free bread or clothing if we are in position to pay for the same.

Let us hear from the medical profession on the subject.

Yours, etc.,

A. LAYMAN.

COUNTER PRESCRIBING.

Editor Maryland Medical Journal:

DEAR SIR:—I desire to call the attention of the medical profession to the notoriously well known fact that a large number of our pharmacists prescribe and deal out medicine to their customers without the sanction of the authority of a regularly graduated physician. Is it not time the medical profession opened its eyes to this fact and took such action as would prevent it.

How can it be done? Why, let every physician report to the medical society the name of such pharmacist as he is assured is guilty of such unprofessional conduct, and let the profession shun such, and by every means in their power direct their prescriptions to others more honest in their conduct. The writer has time and again, while waiting in drug stores, seen this thing done,—done boldly and without any effort at concealment, and why the profession permit such conduct has been a mystery.

There are, I am glad to say, plenty of men in the drug business who would not stoop to this conduct, and these are the men who should be encouraged.

A READER.

Medical Items.

The residence of Dr. Wm. H. Meredith of Denton was destroyed by fire last week.

The Governor of Virginia has signed a meat inspection bill which now becomes law.

The *Medicinische Monatsschrift* for February announces cheap trips on German Steamers to Europe this summer.

Dr. St. George W. Teackle has been reappointed State Vaccine Agent for Maryland. This appointment seems to give universal satisfaction.

It is announced that Madelung has not been appointed to the chair of surgery at Halle, and Trendelenburg of Bonn has declined it, so that Volkmann's place has not yet been filled, as was announced.

A maker of antiseptic powder has issued a certificate from Dr. W. M. Gray, microscopist to Army Medical Museum, as if it were an official notice from the War Department.

Total Hospital Sunday Collection for 1889.	$1.517 96
Total Hospital Saturday Collection for 1889.	$368 02
	$1885 98

This is several hundred dollars less than for 1888.

In New York it had reached the sum of $52,618 61 up to January 29th.

The Minister of Public Instruction at Berlin has issued the following order to all Prussian midwives: "Nails cut short, sleeves rolled up, nails carefully cleaned with soap and nail brush, clean towel and carbolic acid. When called to duty she shall prepare a 3 per cent. solution of carbolic acid, see that the bedding is in proper condition, wash the hands and arms with soap and boiling water, and if possible, soak them in the carbolized water. The instruments to be used shall be put in carbolized water After delivery she is to wash with carbolized water, and on no account is she to go near persons affected with contagious diseases."

Original Articles.

THE USE OF ELECTRICITY BY THE GENERAL PRACTITIONER.

A CLINICAL LECTURE DELIVERED AT BAY-VIEW HOSPITAL, JAN. 28TH., 1890.

BY G. J. PRESTON, M. D.,

Professor of Diseases of the Nervous System, College of Physicians and Surgeons, Baltimore.

Gentlemen: It is impossible to give in one lecture even an intelligent synopsis of so extensive a subject as the one to which I invite your attention this afternoon. I shall endeavor then, simply to emphasize certain points in the application of electricity, which may prove useful to you in your practice, and illustrate them upon the patients before you.

In the first place, let me call your attention to the selection of suitable electrical apparatus. There are, as you know, three principal varieties of electricity employed in medicine: the *static*, *faradic and galvanic*. Of the first, or *static*, we need not speak, as it is doubtful whether it possesses any really important properties which are not shared by the other two varieties, and moreover, the instrument necessary for producing it is cumbrous, very expensive and apt to get out of order. Of the *Faradic* machines there are great numbers of different patterns. One very convenient instrument is the small Gaiffé battery. The current is not very powerful, but will answer for most purposes, and the battery is easily managed, does not get out of order, can be carried in the pocket and is very cheap. The American imitation is about as good as the imported variety, and is much cheaper. For careful work the elements should be large, and the induction coil carefully prepared. A very useful form of faradic apparatus is a Grenet cell and a DuBois-Reymond induction coil. It is a much more difficult problem to obtain a satisfactory galvanic battery. For a specialist this is not so hard, for in office work a cabinet battery with all the necessary appurtenances and a large array of elements is required to complete his equipment. For the general practitioner, however, the case is different. He does not, as a rule, feel justified in making a great outlay in electrical apparatus, at least when he first starts out. In other words, he wants a cheap portable battery that will not get out of order. This, of course is only one of the impossible things he desires. From the nature of the case it is very hard to have a battery that can be readily transported, and yet have the cells of such a size that the resistance will not be too great. The instrument that I show you here, the Barrett chloride of silver battery, possesses certain of the desiderata, but wants other important ones. It is very light, easily applied, and is not operated by fluid, so that there is no danger of spilling acid over your own and your patients' carpets.

It has, unfortunately, several very serious drawbacks. In the first place, it is expensive, the electro-motor force is not great, the internal resistance, owing to the small cells, is high, when it runs down a considerable outlay is required to have the cells renewed, and if it gets out of order by burning out of a cell, or in other ways, it must be sent to the maker to be repaired. The ordinary plunge batteries are in many ways satisfactory. They do not cost much, they are easily cleaned, the fluid is inexpensive and can be made in the office, and if the elements break or are worn out they can be easily and cheaply replaced. The are open to the objections that they are rather heavy for transportation, and the acid fluid is apt to spill. This latter objection has been in part met by some makers by having a rubber covered top, which can be screwed down over the cups. I have been using for some time one of the large sized Waite and Bartlett batteries, which has proved very satisfactory. One should be provided with extra cords, and several varieties of electrodes, large and small. Ordinary care will enable you to keep your battery in working condition. Never leave the elements in the solution if you use a plunge battery, and see that the cells are

covered, so that the fluid may not corrode the plates by evaporation.

Keep everything scrupulously clean. See that your electrodes do not become rusty. It is better to use a simple metallic or carbon electrode, which you can cover with absorbent cotton and over this place a piece of muslin or gauze. Do not short circuit the battery, that is, allow the electrodes to come into contact with each other without some intervening object.

THE APPLICATION OF THE CURRENTS.

If you desire to affect a large surface by the electric current, as the skin, masses of muscle, the spinal cord or brain, use large electrodes. When it is desired to act upon special nerves or special muscles by means of the motor nerve supplying them, then use a small electrode, so that you can confine the current as much as possible to the nerve or muscle.

You need not concern yourself about ascending and descending currents, for it is still uncertain whether very great difference exists between them. There are several modes of applying the current. If one electrode be placed upon some indifferent point, as the sternum, and the second be held upon the diseased structure, this is known as the *stabile* method; if the second electrode be moved about over the parts to be affected by the current, it is then known as *labile* method. A clear knowledge of the difference in action of the two poles of the battery is indispensable. Remember that the negative pole, or cathode, has an irritating or stimulating action, while the positive pole is sedative.

The polar method, as it is called, or the application of the currents with special reference to the two poles is of no very great value in faradism, bearing in mind the above statement as to the relative action of each pole.

In galvanism, however, this distinction is of very great utility.

In health, when we close the circuit by the negative pole, we get the strongest contraction, and the least contraction by opening the circuit by the same pole. In cases where we have degeneration of the muscles, disease of all the cells of the anterior horn of the spinal cord, supplying certain groups of muscles, or disease or injury of the nerves, this reaction is reversed, and we have what is known as the reaction of degeneration.

In health,	In disease,
CCC	ACC
ACC	CCC
AOC	COC
COC	AOC

Care should be taken when the electric current is to be applied, that the connections of the battery are all perfect, that the electrodes are well moistened and pressed firmly on the skin, and that at first that the current be of moderate strength.

The number of elements used gives us a rough estimate of the strength of the current, but if one desires to work carefully, or if very high currents are being used, a galvanometer to measure accurately the amount of electricity employed is most desirable. In this latter case one should use a rheostat to regulate the current.

THE APPLICATION OF ELECTRICITY TO THE NERVOUS SYSTEM.

Peripheral Nerves. Electricity is of great service in the treatment of many affections of the peripheral nerves. In the treatment of neuralgias in general the galvanic current is much to be preferred. The negative pole or cathode should be placed upon some neutral point and the positive or anode upon the painful points of the nerve; or the cathode placed opposite the origin of the nerve in the cord, or opposite the plexus from which the affected nerve springs, and the anode moved about over the seat of pain. The poles can be reversed and the different methods tried, sometimes one and sometimes the other being most successful.

In a recent case a current of moderate strength shonld be used, 10 to 20 elements or 5 to 10 milliampères. If the case be chronic much stronger currents

must be employed. In sciatica good results may often be obtained by placing a large anode over the point of emergence of the nerve from the pelvis, and the cathode moved about over the distribution of the nerve. Strong currents must be used, especially in very chronic cases.

The Faradic current, rapidily interrupted is sometimes serviceable in neuralgias. It is in anæsthesia, however that the faradic current will be found most useful, particularly if there be a hysterical tendency. Strong and rapidly interrupted currents should be used for a short time, or weaker and more slowly interrupted for a longer period. As a rule, 5 to 10 minutes is long enough to apply the current in the treatment of neuralgia. In acute cases it may be used twice a day, but once a day is usually sufficient. In chronic cases, a stronger current and a longer time of application is necessary. In various spasmodic conditions, torticollis, chorea, facial spasm and the like, electricity is often useful, though no rules can be given for the current to be used, sometimes one, sometimes the other, seeming most beneficial.

AFFECTIONS OF THE SPINAL CORD.

One rule to be always observed in the application of electricity to diseases of the spinal cord is *never use electricity in acute cases.* Wait until all acute symptoms have disappeared. The faradic current is not of much use in this class of diseases, except as a muscle stimulant. Moderately strong galvanic currents must be employed, ranging according to the affection and the susceptibility of the patient, from 5 to 20 milliampères; or say from 10 to 40 elements broadly speaking. The electrodes may be applied to different regions of the cord, either by the *stabile* or *labile* method. The positive pole should be applied over the sensitive spots if any exist. The polar method may be used, and one pole placed on some indifferent spot as the sternum, and the other over the cord. The various forms of chronic myelitis are sometimes decidedly benefitted by electrical treatment. Sclerotic affections do not as a rule show much improvement from electrical treatment, though occasionly decided benefit will result from persevering attempts. It is in *acute polio-myelitis*, especially the infantile form that we obtain brilliant results. As soon as the fever subsides, and the acute symptoms pass off, the treatment should be begun, as we have the reaction of degeneration at first, only the galvanic crrrent can be used. Large electrodes should be applied over the spine and the affected muscles should each be made to respond. This treatment should be continued for months, 3 or 4 times a week, until the muscles respond to the faradic current, showing that normal reaction is established. In *progressive muscular atrophy*, the same plan in the main should be followed, though the prospect of relief is small. In *idiopathic muscular atrophy*, electricity often gives very good results, and seems to stay the advances of the disease in many cases.

ELECTRICITY IN CEREBRAL DISEASE.

In affections of the brain the use of electricity as might be supposed is very limited. The most important is in conditions of congestion and anæmia. I have had very gratifying results in the taeatment of headaches from this cause, a very weak current must be employed, a few cells only, just enough to produce a slight flash, and the séance should last only a few minutes. The current may be passed in both directions, from back to front and from side to side. Electricity has been recommended in cerebral hæmorrhage, but is of doubtful utility. The same may be said of embolism and of monoplegia of cortical origin.

ELECTRICITY IN CERTAIN GENERAL AND SPECIAL CONDITIONS.

Muscular atrophy from any cause, or general want of tone in the muscles is always an indication for the use of electricity. Either the galvanic current may be employed in any of the ways

mentioned, or direct faradization either by ordinary electrodes or the wire brush practised. Involuntary muscular fibre may be acted upon also, and obstinate constipation is much benefitted by the faradic current. Paralysis of the bladder is sometimes much benefitted. Energetic uterine contractions may be originated by the faradic current, and it is of use in post-partum. hæmorrhage from relaxation. General electrical stimulation forms an important part of the treatment for general nervous breakdown or *nervous prostration*, so called. Among the special conditions in which electricity may be advantageously employed may be mentioned *chronic rheumatism*, *opium poisoning*, *gastric catarrh* with *dilatation* and one which deserves particular attention, *exophthalmic goitre*. M. Vigoroux of Paris who has had the largest experience in the treatment of this affection probably of any electrician, told me a few years ago that he felt reasonably sure of curing any case of Graves' disease, if seen early enough. He uses the galvanic current to the cervical sympathetics over the heart and upon the eyes. Of course very weak currents are employed.

Electrolysis. This subject can be only alluded to here, as any discussion of its now wide applicability would require much more time than we have at our command. It depends, as you know, upon the fact that the electric current under certain conditions, resolves water into oxygen and hydrogen, separates salts into acids and bases and coagulates albumen. Feeble currents are used (with miliampèremetre) and the current is allowed to pass for a considerable time, ten minutes to one hour. In this way we may destroy moist tissues and cause the absorption of fluids. It is employed to remove small tumors, to coagulate the blood of an aneurismal sac, to remove superfluous hair, and to cause the disorganization of, and ultimately the absorption of fluid, as in a cyst. Instead of ordinary electrodes, needles are used, one needle being introduced into the tissues to be destroyed and an ordinary electrode held in the patient's hand, or both needles are introduced. The choice of poles depends upon the effect desired.

The employment of electricity as a cauterizing agent requires no special mention.

I have endeavored thus to indicate the general principles of electro-therapeutics. Often you will fail to see any good results from its use, but it is important to bear in mind the fact that many of the diseases treated, as for example the various forms of sclerosis of the spinal cord, show little or no benefit from any medicinal treatment, and electricity probably offers the best chance. In certain other affections, atrophies, neuralgias and the like astonishingly good results are often obtained.

In hysteria, hypochondria and allied conditions, the mental impression is frequently of great service. We are learning every day more and more about electricity, and it is not too much to expect that its usefulness will before many years be greatly increased.

A CASE OF ALOPECIA AREATA FOLLOWING INJURY.

BY ROBERT HOFFMAN, M. D.,
OF BALTIMORE.

Of late, alopecia areata has been frequently discussed with reference to its cause; whether it primarily has its origin in a parasitic invasion of the hair or whether it is a trophoneurosis, neither one nor the other theory has been positively established.

Among others the theory is advanced that there are two distinct clinical phenomena; one the result of parasitic infection, the other following trophoneurotic influences and therefore we must consider them as two distinct diseases. I thought it of interest to publish a case of alopecia areata which followed an injury, and apparently was caused by it; but after thorough examination a parasitic infection could not be excluded; although it was diagnosed after a critical investigation, an alopecia areata of trophoneurotic origin. It reminds me particularly of Lassar's communications

(who is an advocate of the parasitic theory), and who proved the transmission of the disease in a number of patients to be due to the use of the same hair brush on them by a certain hair dresser, clearly demonstrating its parasitic origin; by pointing out true lines and circles of infection.

Similar work has been done by Leloir, Besnier and Robinson. Joseph's experiments, who caused loss of hair in circumscribed spots on the head of cats by section of the spinal ganglion of the second cervical nerves, equally has some bearing on my case. Leloir, who reports over 90 cases, found that but 3 of them were caused by traumatism.

The history of my case is as follows:

Miss W., æt. 33 years, entered this world as a seven-months child, and according to her mother's statement was very delicate. The father was a drunkard, who died at the age of 29 years, from cirrhosis of the liver; the mother is living and a healthy woman. Whether the father ever had syphilis could not be ascertained. The patient two days after her birth had erysipelas of the face and scalp, the eyes being completely closed for a number of days. She recovered without sequelæ, the growth of the hair not being affected. Later on she had croup and whooping cough. When seven years of age, her hair was thick, heavy, and of remarkable length, hanging below her waist. Her eyebrows were also well developed.

Until nine years old patient was a weak, delicate child, residing then in a malarious district in Pennsylvania, on the borders of the Susquehanna. She was frequently subject to attacks of intermittent fever. At this time of her life she left her birth place, her health from this time improving, and grew to be a strong, healthy girl.

She menstruated the first time when 14 years old, the catamenia appearing regularly and without interruption until this time. Before the menstrual function was established, she frequently complained of severe headache on the left side of head, which left her with the first menstruation. Until her 26th year she was well kept; her circumstances changed then and she was obliged to gain her livelihood by work; she obtained a situation in a large millinery establishment here in Baltimore. As a result of the life of care and privation she was now leading, she became very nervous and excited, being obliged to use bromide of potash to induce sleep. One sleety morning during the winter, on her way to business, she fell on the ice, striking the back of her head and neck just below the occipital protuberance, on the edge of a stone steps. She did not become unconscious, however, and got up without aid; nor was there any wound of the scalp, but simply a contusion and swelling. After the fall she complained of a peculiar feeling in the head, and went to bed, where she stayed for several days, sleeping nearly all the time. On the third day after the fall, she again went to work, complaining however, constantly of a dull feeling in her head, which finally developed into a well developed cephalalgia. Notwithstanding, she continued with her occupation. A fews days later, about one week after the fall, she was transferred to the hat department of the millinery business in which she was employed, where she was obliged to put on her head at least twenty to thirty hats daily, while trying to suit the varied fancies of the purchaser. The hats were tried on by the various purchasers, but not always purchased, and consequently put back again. The next day these rejected hats were again put on by the patient while acting as a model to show them to other purchasers.

After the patient had spent three days in the hat department (just ten days after the fall), patient's mother called her attention to a bald spot the size of a twenty-five cent silver piece, on the back part of her head, just a little above the occipital protuberance. She applied at once to a hair specialist so-called, here resident, but in spite of his hair-cure new spots of baldness appeared in the following week, making altogether about six or seven in this time, the spots being first noticed when they were the size of a dime. These spots grew larger and larger, becoming confluent, and in

the course of a year patient was totally bald; not one hair could be seen on her head. This condition persisted for two years, in spite of all treatment, when suddenly, in the space of ten to twelve days, she lost her eyebrows and eyelashes. Such is her condition to this day; in addition, suffering since the loss of her hair with severe attacks of headache in every part of her head, which appear two or three times weekly, beginning with a feeling of nausea, all known remedies against cephalalgia, so far failing to give relief.

Her present condition is as follows:

Patient 33 years of age, well developed body, subcutaneous adipose tissue sufficiently developed to give roundness to her form. Her general health, with the exception of the headache, is good. On pressure over the cervical and upper dorsal vertebræ considerable pain and tenderness is complained of. Pressure on the seventh cervical vertebra particularly painful. The skin of the head is absolutely bald—not a hair can be seen—excepting a spot on on the crown the size of a five cent piece, on which there is a bunch of snow white hair, several inches long, very dry, brittle and faded. Eyebrows and eyelashes are absent and to cover this defiiciency she resorts to penciling. The growth of the hair on the mons veneris and in the axillæ was tolerably abundant, also on other parts of the body.

Patient complained of considerable pain in the back, but thinks that the headaches are less intense. When walking or doing heavy lifting the pain in the back is aggravated. Excitement causes headache and insomnia. On pressure over the spinous process of the seventh cervical vertebra severe pain caused patient involuntarily to throw back her head. Patient is inclined to be depressed and melancholic, although a wig completely hides the deformity.

In this case the causation of alopecia areata might be explained by either theory, the parasitic as well as the trophoneurotic. On the one hand we find that patient is employed trying on hats that have been on a number of heads of different persons before, and that a possibility of a transmission of disease, if of a parasitic nature, might be established.

Lassar claims that he succeeded in a number of given cases of alopecia in tracing their origin, viz., the brush of a certain hair dresser, which transmitted the contagion to different ones of his customers, but I find in the case under discussion the mother has used the same brush year after year that was used by the daughter, and yet never found any indications of disease affecting her hair, which is healthy and of heavy growth. Again, girls employed in the same place of business with patient used her brush at various times, and there has been no transmission of the disease. Particularly remarkable is the fact that two years after the loss of the hair on the scalp there was a complete loss of the eyebrows and eyelashes.

Patient is being treated with irritating salves, and in the last few weeks there has appeared a slight growth of single hairs on the scalp and also on the eye brows and lids.

I do not think for the history of the case that the parasitic theory explains it, and consider accordingly that it is of a trophoneurotic nature, the result of traumatism.

613 Park Avenue.

CHRONIC INDURATION OF THE BREAST.*

BY G. G. DAVIS, M. D.,
OF PHILADELPHIA.

Having lately had two cases of chronic trouble of the breast under my care, I bring them to the notice of the Society, not on account of any peculiar interest which belongs to these particular cases, but rather because of that which attaches to the class of which they are familiar examples.

Case 1.—A young married woman, aged twenty-nine, had had four children

*Read before the Philadelphia County Medical Society, January 8th, 1890.

the youngest being two years of age. Eight years ago, with her second child, she had an abscess of the right breast. With her third child the breast again inflamed but did not suppurate. With the fourth it troubled her as soon as the child began to nurse, and ever since the child was weaned, at seven months, the pains in it have been severe. There is a small painful gland in the axilla which has been there ever since the breast was first affected; it has not increased in size. Sometimes a thick yellow matter comes from the nipple. On examining the breast a distinct induration is felt on grasping it between the fingers and thumb, but on pressing it back against the chest wall it disappears, and only some indurated lines radiating toward the periphery can be felt. The breast is tender to the touch, the examination causing considerable pain. The diagnosis of intestitial mastitis was made, an ointment of belladonna and mercury applied, the breast well covered with cotton and bandaged firmly to the chest. Under this treatment the pain and induration disappeared, and she was advised to envelop the breast in cotton and wear a suspensory bandage.

Case II. was also in a young married woman; her age was twenty-eight. She had had three children, the last being born five years ago. Two years ago she felt some pain in the left breast, and on examining I found a swelling as large as a marble above and to the outer side of the nipple. It was hard and tender to the touch, and could be moved around. She knocked it with a tub, after which it increased a little in size. It has pained her still more lately, particularly on using the arm or handling the breast. For at least seven months there has been an enlarged gland in the axilla. Seven months ago she noticed a small lump also in the right breast; it was above and first to the inner and then to the outer side of the nipple. It was of the size of a cherry and painful. The patient was thin, but apparently quite healthy, with a good color.

On examination the left breast was flaccid, nipple retracted, and above and to the outer side of the nipple, both on grasping between the fingers and pressing flat on the chest wall, a small hard tumor was felt. The right breast was also flaccid and nipple retracted. There was marked induration, but no localized tumor on pressure. There was also an enlarged gland in the left axilla. She was subjected to the same treatment as the former case, and all pain and signs of tumor disappeared, leaving only a slight induration. There was no history of any abscess in either breast, nor has there been at any time any discharge from the nipples.

These two cases are of interest, because they show the manner in which benign growths of the breast commence, and their amenability to treatment in their earlier stages. There is no question in my mind that if these cases had been allowed to go on untreated they would have resulted in the production of some of those fibro-glandular tumors of the breast, for the removal of which incision would have to be performed. The question of diagnosis is also an important one. The promptness with which they improved under treatment demonstrated beyond a doubt that they were of a chronic inflammatory nature, involving primarily the fibrous structure. That the glandular structure in the first case was also somewhat involved was shown by the discharge from the nipple. The second patient had been told she had cancer by one doctor, and when she consulted an eminent surgeon in this city he urged the removal of one of the breasts. In one of the breasts of this patient, and also in the other patient, there was no tumor to be detected on pressing the gland against the chest wall although induration was marked. This was probably because they had not existed long enough. Had the chronic inflammation continued, the fibrous tissue would eventually have become so contracted and matted together as to form a more or less solid mass, in the meshes of which the glandular tissues would have been imprisoned. We would then have commencing glandular changes, cystic formatians, and, perhaps, peri- or intra canalicular growths. Should the glandular structure, under the influence

of irritation, proliferate, a so-called adenomatous growth might be produced.

Concerning the origin of these growths, personally I regard them as largely the product of traumatic and irritative causes. In the first case the induration was undoubtedly due to the abscess with which the trouble commenced. In the last case the primary cause could not be ascertained. The subsequent increase in the trouble in one of the breasts was due, at least in some measure, to knocking it. This case complained of feeling pain in the breast on the approach of a storm, and also had pains in the shoulder, for which salicylate of soda was prescribed. It is possible that it may have been rheumatic in origin, and the probabilities of its being in part such are enhanced by the fact of the fibrous tissues being the parts affected. The dragging and movements and slight injuries to which the breasts are so often subjected evidently play such an important part in the production and increase of these growths, that it is to them our treatment ought to be directed. The breasts should be protected from any slight knocks by a thick layer of cotton, and all movements absolutely prevented by bandaging them securely and firmly to the chest by a roller bandage, over which are placed adhesive straps to prevent displacement. As regards the value of any applications of belladonna and mercury, such as were used in these cases, or of iodine, I am not prepared to say; but it should be born in mind that if an ointment containing mercury is applied, it is perfectly possible to produce constitutional effects. I was compelled to abandon its use on one of these cases for that cause.

The question of prognosis is also an important one. S. W. Gross states that in 8.21 per cent. of carcinomatous cases the growth was preceded by circumscribed induration; but this only occurred after an average period of fourteen years. The number of women who at some period in their life have had an inflammation or abscess of the breast is very large, and the proportion of these that are attacked by malignant growths cannot be large, probably not any larger than is proportionate to the total number of women so affected. The relation is so small that I cannot believe it should induce the surgeon to recommend the removal of a breast so affected for that reason alone. If, in spite of careful treatment, a localized tumor and pain still persists, then an operation is advisable. The value of such a breast as a secreting organ is probably destroyed. Personally, I have no faith in the transformation of a benign into a malignant growth as a common event. That such instances do occur I am willing to admit, but I think it more likely that most of those cases which turn out malignant have in their origin been malignant and mistaken for benign troubles. There is no doubt that even with the aid of the microscope we are often unable to tell positively whether a certain growth is malignant or not; how much more liable then is the clinician to make the mistake? The dividing line between fibromas and sarcomas is not always well marked, and the same is true of adenoma and carcinoma.

In conclusion, I would recall to your attention the necessity of a careful examination before giving an opinion. Retraction of the nipple, even when associated with a hard growth and enlarged axillary gland, is not pathognomonic of carcinoma. One of these patients was assured she had a cancer. The unnecessary distress caused by such an announcement can easily be imagined.

Another point which these three breasts illustrate, is the influence a lack of proper protection and support have upon the progress of the affection. Had these been applied when the trouble first showed itself, its progress would probably have been checked at once, the disease permanently cured, and not have continued for years.

In cases of suppuration of the breasts one is too liable to dispense with dressings and support as soon as the wound has closed, forgetting that there is a mass left behind which, from continued irritation, may be the starting-point of a chronic inflammation, resulting in a more or less circumscribed fibroid thickening. A continuance of careful support

and protection would probably cause a complete resolution and disappearance of the inflammatory products, leaving the breasts but little altered from their previous healthy condition.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

STATED MEETING HELD JAN. 8TH, 1890.

The Vice-President, Dr. John B. Roberts, in the chair.

Dr. G. G. Davis presented a paper entitled

CHRONIC INDURATION OF THE BREAST.

(*See page* 346.)

DISCUSSION.

Dr. D. G. Dunmire: I recall two cases similar to those referred to by Dr. Davis—one in which there was considerable induration. There was an excellent recovery following operation. This case had been treated by bandaging, etc., without relief. We were unable to ascertain the exact character of the growth. In the second case the woman refused operation and passed out of our hands. This woman died some time later. The plan of bandaging the breast, however, suggested by Dr. Davis, is an excellent one.

Dr. John B. Roberts: When there is chronic inflammation of the breast, it is hard to convince the patient that the tumor is not malignant. In one case where there was considerable pain, I excised a small nodule as large as the tip of my finger, in order to satisfy the patient. The patient, however, complained for some time of this neuralgic pain.

Dr. Davis: My object in presenting this paper was to call attention to the fact that malignant disease and simple inflammatory troubles of the breast are often confounded. If the breast is bandaged firmly against the chest wall and all movement prevented, absorption may take place; whereas, if it is neglected the inflammatory trouble will continue. If these cases are treated in the early stages the induration may disappear. While every trace of the affection cannot be made to disappear in all cases, yet it may in some, and in others nearly so.

CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD DEC. 6th, 1889.

The 234th meeting of the Clinical Society of Maryland was called to order by the Vice President Dr. W. H. Norris in the chair.

Drs. Williams, Winchester, Ghriskey, Schott, Hains, Sanger, Ramsay, Hill and Wright were elected members of the society.

Dr. Hiram Woods read a paper on

HÆMORRHAGE AFTER CATARACT EXTRACTION AND IRIDECTOMY FOR GLAUCOMA.

Dr. Robt. L. Randolph said this subject was interesting to him on account of a similar experience which had befallen him. Several years ago he was called to see a case in West Virginia. The patient was suffering from glaucoma and her physician was treating her with atropia. Intense pain was present. He did an iridectomy which brought about relief from this distressing symptom. Sometime afterwards, however, the pains returned. He neglected to state that at the time he first saw her there was present a cataract and by this time it had fully matured. After doing a second iridectomy he removed the hardened lens. A short while after this second operation a decided hæmorrhage took place. He thinks the hæmorrhage is caused by an accumulation of blood between the retina and choroid which pushes out the vitreous. He is convinced that it is not proper to take out the lens at the time of doing an iridectomy. It is best to wait till all symptoms of inflammation have subsided re-

sulting from it and then extract the lens.

Dr. A. Friedenwald said it seems that the subject of hæmorrhage after the extraction of cataract has been referred to along way back and he quoted authority bearing on the point. He operated on a case about ten years ago at the St. Joseph's Hospital, this city, and the lens was extracted without much difficulty. A few hours afterwards however, a decided hæmorrhage took place; what it was could not be ascertained, and the eye was lost in consequence of it.

Dr. E. M. Kuykendall said that as Dr. Woods had obtained some of his cases from the reports of the Presbyterian Eye and Ear Hospital, there had since occured one case to which no reference had been made. The patient in question had been operated on previously by another physician. An iridectomy was performed when she entered the hospital, after which a good deal of hæmorrhage took place: at least two tablespoonsful of blood were lost. Compresses were used to check it. The eye was saved, though the sight was entirely gone.

Dr. Hiram Woods said that it is very hard to explain what causes these hæmorrhages. If the walls of the retina are degenerated, a possible explanation can be found there, but when it occurs in consequence of a cataract operation, it is very hard to account for it. He has profited by experience and will not take out a cataract at the same time an iridectomy is being performed.

Dr. Howard A. Kelly read a most interesting paper on

THREE SUCCESSFUL CASES OF CÆSAREAN SECTION.

He began by giving a history of the operation, reviewed the literature up to the present day and described his cases in detail, giving the technique of the operation he performed.

Dr. Randolph Winslow said that he regretted exceedingly that he was not present to hear the entire paper so ably presented by Dr. Kelly, but he does not feel that so important a subject should pass by without discussion. There are two classes of cases brought to the notice of the physicians. One class is where the pelvis is so narrow that craniotomy is out of the question; in the other it becomes a question of great importance to determine whether the child should be saved to the detriment of the mother. There may be exceptional cases where there is an ardent desire on the part of the mother to have a living child, but these are very few in his opinion. We have a good deal of sentimental interest in the child at the time of the operation, but that as a rule soon dies away. No doubt it has happened that the mother has been sacrificed on this account.

When once an operation of this gravity has to be performed the woman has no right nor has the surgeon a right to allow her to become pregnant again. The ovaries ought to be removed at the time the section is performed.

Dr. John G. Jay said that he was interested in this subject as he had had same slight experience in it himself. Two cases had come under his observation, on one of which he had operated himself. He would like to know why the ovaries were not removed in the last case reported by Dr. Kelly as he is of the opinion that it is a great risk to leave them behind. He also wishes to know how he closed the peritoneum. His opinion was, that it is best to close it at first, because if any suppuration occurs it cannot get into the cavity.

Dr. L. E. Neale voiced the sentiment of the society in expressing admiration, praise and congratulation to the author of such brilliant work, that as far as he knew surpassed any record ever presented by a member of this society.

The little he had to say on the subject of Cæsarean section he fully appreciated came not only after Dr. Kelly, but very far behind him.

Although no less than four cases suitable for the operation had thus far fallen into his hands, acting in accordance with older counsel and circumstances over which he had but little

control, he had operated in only one instance, and that resulted fatally to the mother.

For a doctor the resurrection of the dead is not always the happiest thought, yet he could not recall this case without appreciating several important and practical lessons he had learned by his own failure.

It was a case of generally contracted non-rachitic flat pelvis, with a true conjugate of 2¾ inches, occurring in a primiparous negress, whose labor at term was complicated by the early rupture of the membranes, the formation of Bandl's retraction ring, and the high Tarnier forceps operation for one hour before she was subjected to the knife.

In this case labor began at 4 A. M., membranes ruptured at 8 A. M., before full dilatation of the os; Bandl's ring appeared at 10 A. M., and gradually developed; Tarnier's forceps were applied at 1 P. M., to head, moveable above superior strait in R. O. P.

Sænger-Cæsarean operation at 6.15 P. M.; median incision; placenta not in line of incision; uterus opened in abdominal cavity before constricting; rapid and easy extraction of live boy; placenta spontaneously expelled through incision; membranes removed by hand; medullaris resected; uterus and abdominal cavity cleansed; 21 deep silk sutures down to, but not including mucosa, 29 serosa-serous Lembert cat-gut sutures for uterine, and 22 silk sutures for abdominal incision.

Uterine appendages were removed.

Death from shock 44 hours after operation.

Post-mortem revealed no hæmorrhage or leakage, but likewise no union of either uterine or abdominal wound. Slight traumatic peritonitis. Death from shock.

			Standard.
Diameters of pelvic brim verified after death.	ant.-post.	2¾ -	4·25
	transv.	4¾ -	5·2
	oblique	4¼ -	4·8

Diameters of fœtal head were above standard, the bi-parietal being 4¼ inches against normal 3¾ inches. Head hard and non-compressible.

Allowing for his own lack of experience and possibly slight defects in antisepsis, he could honestly attribute the fatal result to the unnecessarily delayed delivery and the prolonged high forceps operation, hence the great lesson he learned from this case was the practical lesson of "dangerous conservatism," that has perhaps done more than any other one factor to cast the gloom of death over modern Cæsarean section in these United States.

The operation must be made one of election, not one of dire necessity.

But just "here's the rub;" for in this country the cases usually met with are those presenting the relative indications for the operation and here it is not always an easy matter either to obtain the *uncoerced* consent of the patient or to decide such a momentous question as delivery by abdominal section or *per vias naturales*, according to the results of pelvic mensuration.

Pelvimetry on the living subject, especially when *in partu* is not always sufficiently practicable or accurate to enable us to decide this question, and even if it were, how can we accurately determine either the size or compressibility of the fœtal head.

Cæteris paribus, he considers him a bold man indeed who, in the present state of our knowledge on these subjects, would unhesitatingly cast the verdict for life or death of an unborn human being merely by the addition or subtraction of a fourth or even the third of an inch in pelvic or cephalic mensuration.

He differed essentially and most positively from Dr. Winslow in placing such slight valuation on the unborn child's life. The life history of several subjects of Cæsarean delivery who have grown to a ripe age and been the heads of useful families, several of whom are now living in Philadelphia, clearly demonstrate that this interest in the child should not be "purely impersonal and scientific."

Dr. Neale was proud to say that the science to which he was an humble devotee was rapidly advancing abreast of religion to declare craniotomy on the

living child an unjustifiable operation, and to relegate this brutal operation to its proper limits, viz., upon the dead child.

In contrasting medical statistics on this point he would state as particularly applicable to obstetric literature that, next to seeming facts, figures are the greatest liars!

Yet arrange these figures as we will and "fix" the maternal mortality in craniotomy on the living child ever so low, we cannot conceal the humiliating fact that this operation starts out with a mortality of 50 per cent. brutally destroying just one half the human lives at stake.

Dr. Neale referred to a very recent article by Dr. W. H. Wathen, appearing in the December number of *Amer. Jour. Obs.* for 1889, in which he stated: "Nearly seven thousand children are sacrificed annually in the United States by embryotomy. This estimate is based upon the most favorable mortality reports of less than ten per cent. with a population of sixty millions, and one craniotomy (Tyler Smith), in every three hundred and forty labors."

The same author states that the improved Cæsarean section has saved 75.77 per cent. of the mothers and 93.81 per cent. of the children, or just 169.58 lives out of a possible 200, and if we exclude the operations in the United States, where they have so frequently been fatally delayed, we have 81.48 per cent. of all mothers saved, or 175.29 lives out of a possible 200.

These figures need no comment. Can craniotomy possibly make so good a showing?

Dr. Neale also begged leave to differ from both Drs. Winslow and Jay as to the advisability of always removing the uterine appendages during the Cæsarean operation.

Acting under senior counsel, Dr. Neale had done this in his case, but he believed the practice to be essentially bad surgery.

The results of repeated Cæsarean section on the same subject have been surprisingly favorable.

Lungren has also shown that out of 119 multiple Cæsarean sections upon 48 women, only 8 mothers were lost.

As intimated by Dr. Kelly, this might be due, in part at least, to the fact that the adhesions of the uterus to the abdominal walls resulting from the first operation practically shut off the peritoneal cavity, rendering subsequent operations of necessity extra-peritoneal.

Now, as to the indications for the operation:

The *Medical News* of December 10th., 1887, declared with commendable boldness that: "the Sænger operation promptly conducted is less dangerous to the woman than craniotomy, where the true conjugate of the pelvis is reduced to 2½ inches, and the fact is established, to be successful Cæsarean section should take precedence of the forceps, turning and craniotomy, trials of which only waste valuable time, and add to the risk of the knife."

In Dr. Neale's case the true conjugate was 2¾ inches, but the other pelvic diameters were also shortened and the fœtal head was above the standard in size, and accurate measurements after birth of the child and death of the mother positively demonstrated that the unmutilated head could not have passed *per vias naturales*.

Dr. Neale called attention to the fact that several cases were reported of children having been born alive at term through a conjugate of 2¾ inches, but they were all exceptional and under exceptional circumstances.

Lusk believes that in flat pelves with conjugate of 3 inches and in justo-minor pelves with conjugate of 3⅛ inches, delivery of a living child at term may be at least possible, but is not probable, and not to be expected, and even when accomplished is fraught with dangers that raise it to the level of or above those of Cæsarean section.

After a careful analysis, Busey maintains: that a living child at full term cannot be delivered through a pelvis measuring less than 3⅛ inches anteroposteriorly.

Of course if we see these cases in time the induction of premature labor is a decided antagonist, both to

craniotomy on the living child and Cæsarean section.

Lusk restricts this operation to pelves having true conjugates ranging from $2\frac{3}{4}$ to $3\frac{1}{2}$ inches. This is supported by Spiegelberg, Litzmann, Dorhn, Milne &c.

Barnes has determined the best time to be between the 32nd. and 34th. weeks of pregnancy; and the,best method to be that of Krause.

By means of the couveuse and gavage, at La Maternité in Paris, Tarnier has succeeded in saving the lives of children born at 6th month in 30 per cent: at 7th month in 63. 6 per cent: at 8th month in 85. 7 per cent.

Budin predicts that by further improvement in rearing premature children, the artificial induction of premature labor will eventually replace craniotomy and Cæsarean section in all but the extreme degrees of pelvic contraction.

Dr. Neale's experience did not permit him to speak authoritatively on the technique of the Cæsarean section.

He, however, certainly thought it best to select one's own good time for operating as near the advent of labor as practicable, rather than operate under great difficulties during labor. He would no longer use cat-gut, but antiseptic silk. He would not resect the muscularis. He would use only one layer of (silk) sutures for closing the abdominal incision.

Dr. R. B. Norment thought that in dealing with the indications for doing this operation other things should be considered besides a contracted pelvis. He was of the opinion that the general health of the patient was a most important point and he illustrated this fact with a case he had observed.

Dr. H. A. Kelly returned thanks to the society for the marked courtesy shown him on this his first appearance before them. He was glad that the paper had brought out such a full discussion of the subject.

In regard to closing the abdominal wound, if the walls are thin, one row of sutures is sufficient; if they are thick, one, two or three rows may be used.

He thinks it is a question whether it is not just as well to do a Porro operation at the time of doing the section. In reference to the suture to be used, he does not think that catgut has any advantage over silk which has served so well.

W. J. Jones, M. D.,
Recording Secretary,
1238 Greenmount Avenue.

On the occasion of Prince Albert Victor's visit to India, Sir Duishaw Petit offered a lac of rupees (100,000 rupees, or about $50,000) for a leper hospital at Bombay. The Nabob Unaghad has promised to found a similar hospital at Kattywar. At Calcutta a subscription for a leper house has reached the sum of 45,000 rupees ($22,500).

At the next meeting of the Clinical Society on March 7th, Dr George H. Rohé will read a paper on "The Mutual Relations of the Medical Profession and the Health Department," and Dr Wm. Osler on "The Efficient Dosage of Quinine in Malaria."

Prominent physicians of New York, justly appreciating the value of the Adriondack region for lung troubles, are uniting in an effort to protect it from the destruction and invasion by railroads and the lumber trade. Already a large tract has been reserved by private individuals and is constantly under protection.

The Minister of Public Instruction in Austro-Hungary has decided to add a Pasteur Institute to the University of Pesth.

The *Progrès Médical* reports uprisings of various sorts among the students of Naples, Rome, Cracow, Lemberg and Madeira.

A credit of 800,000 florins ($320,000 to $400,000) has been asked by the Austro-Hungarian Minister for a new university at Prague.

A correspondent to the *Progrès Médical* reports a fatal case of cholera at Rome recently and a sporadic case at Bologna.

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BALTIMORE, MARCH 1, 1890.

Editorial.

DOCTORS' PRESCRIPTIONS AND DRUGGISTS' MISTAKES.

The want of harmony on the part of physicians and druggists is pointed out by Dr. V. B. Thompson in *Gaillard's Medical Journal* for February 1890. He bewails the mistakes made through the carelessness of both druggist and physician, and these mistakss, sometimes fatal, the one is very apt to put on to the other, forgetting that both are fallible. If the physician would take care to send his prescriptions to a professional pharmacist with a diploma from an accredited college, and not to a mere vendor of drugs, he would risk less danger of mistakes; but owing to the rush of a large business and the employment of inexperienced men in drug stores, and most of all to the careless and indecipherable writing of so many physicians, errors of the gravest kinds occur.

In framing a code of ethics, Dr. Thompson wonld offer these suggestions for the guidance of the physician and pharmacist:

1st. The physician should write legibly and carefully; state if the prescription be intended for an adult, child, or infant; state the dose always, and give the most explicit directions, and make every explanation necessary for the proper compounding of his drugs.

2d. The physician should inspire his patient with confidence in the pharmacist, and should not influence him to give up any pharmacist who is careful and conscientious.

3d. The physician should have no interest whatever in the profits af any pharmacy, nor should he place a price or valuation upon any prescription.

1st. The pharmacist should be most conscientious and careful, use only the very best drugs, and combine them in the most accurate manner.

2d. The pharmacist should communicate personally with the physician if he be in the least doubt or uncertainty about a prescription, as to the ingredients, the dosage, or the directions.

3d. The pharmacist should give no advice whatsoever, make no comment, nor should he offer any suggestions.

In discussing and illustrating these rules, Dr. Thompson shows how much blame is to be justly attributed to the illegible writing of all physicians, but especially of the most prominent, Not only this, but criminal carelessness by physicians giving the wrong doses is not

unfrequenly seen on the files of druggists. Taking the prescriptions at random from the files of a large number of druggists of New York, Washington and Baltimore, he found such an error as this :

℞

Hydrarg. bichlor. gr. x.

S.—Take at bed time.

Or a prescription containing 3¾ grains of morphia to each dose, or ordering a teaspoonful of liquor opii comp. (Squibb's) when it might be doubtful as to which of Dr. Squibb's preparations was intended.

As patients may be suspicious if too many prescriptions are given, or if the medicines are changed too frequently, it might be well to impress on the public that " the physician should be paid for his *advice,* and not for his *drugs,* and the pharmacist should be paid for his *drugs,* and not for his *advice.*" Counter prescribing, the frequent renewing of prescriptions without the physicians' sanction, the latter often leading to opium, alcohol, chloral, cocaine and other habits, giving prescriptions to ones' friends are dwelt upon very sensibly by the writer. Substitution of one remedy for another should not be carried on by good pharmacists, and yet it does seem hard to compel a pharmacist to keep in stock every one's preparation, emulsions etc.

THE USE OF MEDICAL SOCIETIES.

Those who bewail the increase in the number of medical journals should take a step backward and note the increase of material for these journals in the number of medical societies where papers are read and discussions prolonged. The *Omaha Clinic* speaking for the Missouri Valley, and it might have spoken for the whole world, thinks that a change in the discussion ofpapers read at societies is imperative. These discussions "carry upon their surface the impression that they are not the finished product of personal experience, so highly valuable to all of us ; but rather repetitions of book-learning, and some of it of a very recent acquisition. When such publications as the "Reference Hand Book of the Medical Sciences," and the "Annual of the Uuiversal Medical Sciences," are in the reach of almost every progressive physician, it seems a great hardship to these very members, (very few others do attend the medical society meetings,) to be compelled to sit upon uncomfortable chairs in hot halls for hours simply to hear the familiar voices from text-books and dictionaries, to peruse which the pleasant office and easy chair would, in our opinion, offer greater inducements. The secretaries of our societies take great pains to publish the titles of papers to be read at the meetings, ostensibly for the guidance of attending members ; but is it not probable that these sign boards offer to the ambitious linguist opportunities to post up and shine, thereby taking up the time and patience of the majority attending such meetings ? Would it not be a decided gain if the temptation were entirely removed by not publishing the titles of the papers to be presented? Is it not possible that after the reading of the many valuable contributions which our progressive societies can boast of, a spontaneous discussion may spring up, which bristles with the experience of the many, at once practical and progressive ?"

The discussions at the societies of this city while frequently giving evidence of the results of personal experience, much

more frequently show that the speaker in question has taken down from his shelves the authorities on the subject announced and poured the results of this hasty study on his long suffering audience. As has been suggested by others before, it would be well if all the medical and scientific societies of the city would combine and employ a competent stenographer to take all discussions *as uttered.* If every physician knew that his words were reported verbatim or were pouring into the funnel of a faithful phonograph, he would leave off that recently acquired book knowledge and confine himself to a little, and express that little better than he does.

Correspondence.

AN ABUSIVE USE OF FREE DISPENSARIES.

Editor Maryland Medical Journal:

DEAR SIR:—Conduct a free dispensary ever so carefully and abuses will creep in, notwithstanding the most vigilant care to prevent them. The same, however, occurs in our private office experience—persons apply for treatment from whom the professional fee is never obtained. These persons are able to buy whatever they fancy, but are not honest enough to pay for professional advice. They mean to cheat you whether they consult you at the free dispensary or at your private office. These things I fear will ever be.

There is one growing abuse, however, that can be corrected, and this comes directly from the members of the medical profession themselves. These physicians not only abuse free dispensaries on all occasions by word of mouth and even by pen, but also by their uncharitable acts. We refer to those practitioners, and they are numerous, who, when they are in doubt as to the character of a disease, do not hesitate to send their private patients to the free dispensary with instructions to secure a correct diagnosis and bring it back to them written on the dispensary card. "Beware not to let any of the young doctors examine you, but get an opinion directly from the professor himself. I wish to have my view of your disease confirmed by the highest authority. Ask some one to point out the professor to you and be sure that you obtain an opinion from him."

Such patients can be found in the free dispensaries of Baltimore every day. These are the private paying patients of general practitioners, and should be sent by them to the private offices of these professors; but then they would have to pay for the advice which they are taught to obtain surreptitiously gratis by going to the free dispensary. Is this right? *While these very practitioners are decrying the laxity in conducting dispensaries to their personal injury, they individually are sending to the dispensary the objectionable class of patients.* If they really desire to help the dispensary physicians to correct abuses, let them first determine *never* to send to these free dispensaries *patients who pay for professional service.* They should ever bear in mind what they see conspicuously printed on the free dispensary card:

FOR THE POOR ONLY.

A DISPENSARY PHYSICIAN.

The Johns Hopkins University has conferred the degree of Phil. Dr. on Dr. John C. Hemmeter, a well known physician of this city. The subjects of his theses were "The Comparative Physiological Effects of the Various Members of this Ethylic Alcohol Series on the Isolated Mammalian Heart," and "The Relation between Physical Effect and Chemical Constitution." Dr. Hemmeter will continue his experimental work at the Johns Hopkins University, and the subject of his present work is "The Effect of Section of the Vagus on the Myocardium."

Reviews, Books and Pamphlets.

A Manual of Obstetrics. By A. F. A. King, A. M., M. D., Professor of Obstetrics and Diseases of Women and Children in the Medical Department of the Columbian University, Washington, D. C., etc. With 141 Illustrations. 4th Edition. Philadelphia: Lea Brothers & Co., 1889; pp. 431. Price $2.50.

The fourth edition of this excellent book has been increased in size and new chapters have been added on the Intercurrent Diseases of Pregnancy and Resuscitation of the Still-born Children. After an introduction describing the anatomy of the external and internal organs of generation and the anatomy of the child's head, the author takes up the subject of menstruation and ovulation, advocating the ovulatory theory of menstruation. Among the signs of pregnancy the finding of kiestein in the urine might be omitted. A section on the signs of pregnancy each month is a very useful addition. Clear directions are given to prevent rupture of the perineum, but not enough stress is laid on the danger of rupture from the child's shoulder. The author advocates episiotomy when rupture of the perineum is inevitable, but adds very properly that it should be done in very rare cases. The author also uses Credé's method of expressing the placenta, the direction of pressure being downward and backward in line with the axis of the uterus and the pressure made during uterine contraction only, without traction on the cord. The chapters on the Mechanism of Labor are very good, and the illustrations, many of them old friends, very abundant.

At the end of a chapter on Perforation, Excerebration, Cephalotripsy, Embryotomy and Decapitation of the Fœtus, he wisely adds that "in all mutilating operations upon the child *when it is alive*, the chances of a successful cutting operation upon the mother for its safe removal should first receive consideration. In deciding which course to adopt, the value of the mother's life must be allowed the preëminence." The various indications for premature labor are given, the best one being a gum catheter, followed by Barnes's bags. The terms "post-partal" and ante-partal" of the author's invention conform more closely to words of the English language, but in view of the multiplication of medical terms and the absence of a "National Academy" to sanction such changes, the old forms are clear enough and are to be preferred.

The administration of anæsthetics in all cases is not advocated, and when given should not be pushed to complete unconsciousness. Hydrate of chloral prevents suffering, and does not interfere materially with uterine contractions. Ergot, the obstetrical antidote of anæsthetics, has dangers, and is contra-indicated in certain cases. Indeed, on the whole, it is safe to abstain from giving it at all before the child is born, except under certain conditions. No distinction is made between Septicæmia and Sapræmia. The Resuscitation of Still-born Children is a good chapter added in this edition.

The chapter on the Jurisprudence of Midwifery should be read by every one, as it contains information of a legal importance that could in an emergency be of immense value to any practitioner. In the diagnosis of pregnancy very little attention is paid to abdominal palpation, and yet those who have once used this method intelligently cannot help being impressed with its importance. On the whole, the book is an excellent aid, well printed, with excellent and abundant illustrations, and of convenient form.

Enucleation of Tuberculous Glands. By Thomas W. Kay, M. D., Scranton. Pa. [Reprinted from the *Medical Register.*]

On the Choice of Methods in Uterine Cancer. By A. Reeves Jackson, A. M., M. D., Chicago. [Reprinted from *Medical News.*]

Persistent Headaches, and How to Cure Them. By Julian J. Chisolm, M. D., Professor of Eye and Ear Diseases in the University of Maryland.

The Colonization of Epileptics. By Frederick Peterson, M. D., New York. [Reprinted from the *Journal of Mental and Nervous Disease.*]

The Auriculo Ventricular (Presystolic) Sound. Some Considerations on Cardiac Disease in Early Life. By Henry Dwight Chapin, A. M., M. D., New York. (Reprinted from the *Medical Record*, Jan. 4, 1890.)

Septic Poisoning in Early Life. By Henry Dwight Chapin, A. M., M. D., New York. (Reprinted from the *New York Medical Journal*, Jan. 8, 1889.)

Miscellany.

THE OPERATIVE TREATMENT OF ERYSIPELAS.

The method of treating erysipelas devised by Dr. Kraske and modified by Drs. Riedel and Lauenstein, has been employed with marked success in a large number of cases in Germany, and has lately been strongly recommended by Drs. Meyer and Seibert, of New York. It consists in surrounding the erysipelatous area with a broad zone of numerous fine incisions intersecting one another, similar to those made in vaccination, and sufficiently deep to draw blood. These incisions are made at a distance of one or two inches from the borders of the diseased parts, in tissues yet healthy, strict antiseptic precautions being observed throughout the entire operation. A solution of corrosive sublimate 1-1000 or 1-2000 is then rubbed into the wound and a dressing of absorbent gauze and cotton applied with sufficient frequency to keep the parts moist with the antiseptic solution.

The objects in locating the incisions in healthy tissues is to prevent their invasion by Fehleisen's microbe, which is present in the lymphatics of the diseased area. The scarification and subsequent disinfection of the healthy tissues tend to keep them in a thoroughly aseptic condition.

In a recent number of the *New York Medical Journal*, Prof. Seibert reported three cases of erysipelas of unusual severity, occurring in children of debilitated constitution, in whom this method of treatment proved markedly successful. Its beneficial effects were seen, not only in the arrest of the disease at the borders of the incision markings, but also in the prompt reduction of temperature and the general improvement of the patient. Prof. Seibert operated without an anæsthetic, and for the purpose of scarification employed a vaccination harrow, which is a sharp-pointed metallic comb. He is positive that this method of treatment will cure every case of erysipelas, if employed in due season.

This statement of Prof. Seibert is corroborated by the testimony of Prof. Meyer, of this city, who in a paper published in the *Medicinische Monatschrift*, lays down the dictum, that it is the duty of the physician in every case of erysipelas of the extremities, or severe erysipelas of the face, to resort promptly to the knife, and not to place dependance upon symptomatic treatment. In an unusually severe instance of the disease reported by him, the erysipelas overstepped the limiting zone, and the scarifications had to be repeated, but the operation each time was promptly followed by a fall of temperature and a marked alleviation of the general symptoms.

In view of these recommendations by two such careful and competent observers, it would seem that this method of treating erysipelas should enjoy a greater popularity than heretofore, especially as it is based upon a rational conception of the disease, and as no other local treatment has been found equally effective.—*International Jour. of Surgery.*

SURGICAL ASPECTS OF HEPATIC ABSCESS.

Text-books affirm that hepatic abscess is a rare affection in this latitude; experience, however, has taught surgeons that this is not strictly true, and abscess of the liver being a more common affection than might be supposed, is often

passed over unrecognized. It is well to bear in mind that the thoracic parietes close around a large part of the abdominal organs, and Rickman J. Godlee, M. S., F. R. C. P. (*British Medical Journal*, Jan. 11, 18, 25, 1890), calls attention to the signs of hepatic abscess which many clinicians are apt to refer to disease of organs above the diaphragm. After some preliminary remarks and discussing multiple pyæmic abscess, pylephletis, suppuration and tropical abscess, with a report of twenty-four cases, with remarks on each case, he closes with the following summary:

1. Pyæmic abscesses do not call for surgical interference, or, if in rare cases one should point, it is only opened to relieve symptoms, but without hope of doing permanent good.

2. The same observations apply to abscesses resulting from suppurative phlebitis of the portal vein.

2. Multiple abscesses associated with dysentery or ulceration of the bowels are very unfavorable for surgical treatment. They must, however, be opened and treated on the same lines as the single or tropical abscess, because they cannot be certainly diagnosed.

4. Single abscess of the liver, whether tropical or not, must, if it approach the surface, be opened, the following precautions being adopted:

(*a*) If it present at the epigastrium, the presence of adhesions must be ascertained before incising the liver.

(*b*) If through the chest wall, a spot must be chosen below the normal limit of the pleura: but, if by chance either pleura or peritoneum be opened, the opening must be closed with a double row of stitches before incising the liver.

(*c*) Strict antiseptic precautions must be throughout adopted, either carbolic acid or some slightly soluble salt of mercury being employed for the dressings.

(*d*) The tube must be of large size at first, and a tube of some sort must be kept in until the discharge is reduced to a very minute quantity.

If the abscess have burst into the lung, pleura, pericardium, peritoneum, or kidney, and the position of the abscess can be clearly determined, it must be opened without delay. If the position of an abscess be only suspected and the patient be losing ground, it is right to puncture the liver in the most likely situations, bearing in mind that, though usually quite harmless, a slight amount of risk accompanies this very trivial operation. This rule applies to cases in which the abscess has ruptured into any of the cavities enumerated above. If, on the other hand, whether the abscess have ruptured or not, there are no means of diagnosing the whereabouts of the matter, and the patient be not losing or even gaining ground, the surgeon should hold his hand for a time.

5. Hydatids of the upper and back part of the liver are to be treated upon the same lines; but in cases of this sort, and in those of subdiaphragmatic abscess, it must be remembered that the diaphragm may be pushed up to a very great height, thus closely simulating intrapleural suppuration.

6. Empyema, pericarditis, and peritonitis caused by rupture of a hepatic abscess or hydatid must be promptly dealt with on general principles.

Medical Items.

The homœopathic physicians of New York are still quarreling with each other.

Sir Alfred B. Garrod has been appointed Physician Extraordinary to the Queen.

Dr. Saundby's work on Bright's Disease has been translated into German.

Otto Becker the distinguished ophthalmologist at Heidelberg died recently at the age of 61.

Dr. E. von Wahl, Professor of Surgery at Dorpat and editor of the *St. Petersburger Medicinische Wochenschrift* is dead.

A Bacteriological Institute of Preventive Medicine is to be established at the University of Cambridge. One of the principal lines of work will be anti-rabic inoculations.

The vacancy among the Queen's Physicians in ordinary caused by the death of Sir Wm. Gull is to be filled by the appointment of Dr. R. D. Powell, the senior of the three Physicians Extraordinary.

A course of instruction in Practical Hygiene, under Drs. J. S. Billings and A. C. Abbott, will begin at the Johns Hopkins Hospital, on March 3rd, and will continue during March, April and May, on every Monday, Tuesday, Thursday and Friday, from 9 to 12 A. M.

The Governor of Maryland has appointed as Coroners for Baltimore City, Drs. Jos. M. Cockrill, first coroner's district; Alexander Hill, second; Silas Baldwin, third; Philander V. Benson, fourth; and as Members of State Board of Health, Dr. John Morris, of Baltimore City, and Dr. James M, Bateman, of Talbot county.

Dr, Jukes de Styrap, a prominent member of the British Medical Association has just published through H. K. Lewis, London, a manual of practical and instructive suggestions for doctors beginning practice, under the title "The Young Practitioner." The book is modelled after and largely made up of extracts from "The Physician Himself," by Dr. D. W. Cathell of this city so well known to many of our readers. The English author acknowledges his obligations to his American confrère in a neat and cordial dedication. This graceful though just act is so different from the ordinary European custom in relation to things of American origin, that it deserves honorable mention.

The Staff of St. Joseph's Hospital has been reorganized under the presidency of Dr. F. E. Chatard, and now consists of the following gentleman:—*Visiting Physicians*: Drs. F A. Warner, W. F. Lockwood, T. Barton Brune and George H. Rohé. *Visiting Surgeons;* Drs. Robert W. Johnston and J. W. Chambers. *Gynæcologists:* Drs. Rohé and Brune. *Resident Medical Officer:* Sheldon G. Evans. This hospital has the advantage of an exceptionally fine location in a high, quiet and healthy, but easily accessible, part of this city. It is under the management of the Sisters of Saint Francis. Any physician may, with the approval of the president of the medical staff, send private patients to the hospital and attend them himself.

The interesting fact is announced by Messrs. Charles Scribner's Sons that they have acquired from Mr. Henry M. Stanley all the American rights for his personal narnative of the expedition for the relief of Emin Pasha. Prior to the appearance of the complete work, *Scribner's Magazine* will publish an article upon his last journey by Mr. Stanley. It will be illustrated and is certain to be as important a contribution as any that has ever appeared in an American Magazine.

Readers may have noticed that Mr. Herbert Ward, who was one of Stanley's officers, makes no mention of the expedition in the article recounting his experiences upon the Congo, which appears in *Scribner's* for February, the fact being that Mr. Stanley has reserved the sole right to describe this most remarkable of all his African undertakings.

A Free Hospital for children has been established by Mrs. Robert Garrett, at 27 N. Carey street., (Franklin Square), to be operated in conection with the Free Dispensary which has been in existence for some years. This Hospital has accomodations for twenty-five children and is now ready for the reception of patients.

Children wounded or badly injured may be taken there for surgical aid at any time by any one.

On application at the Hospital any day (except Sunday) between the hours of 12 and 1, any suitable non-contagious case for treatment or operation, if resident in Baltimore, and from two to twelve years of age will be admitted, when approved by the physician. Exceptionally, infants will be taken.

As the number which can be admitted is limited, only white children can be received.

It will be understood from the above that this is not a Home for destitute children but a place where they will be temporarily cared for under the charge of trained nurses while in need of treatment.

The building is well appointed in every particular and no expense has been, or will be spared to insure the comfort and proper care of the children admitted.

Both the Dispensary and Hospital are in charge of Dr. Walter B. Platt, of this city,

Original Articles.

A FATAL CASE OF MEMBRANOUS INFLAMMATION OF THE LARYNX AND TRACHEA IN AN ADULT.*

BY A. K. BOND, M. D.,
OF BALTIMORE.

The patient was a young lady 18 years of age. I attended her during four days, at the end of which time she died of the systemic effects of the disease.

The house in which she lived was, as far as I could learn, in very good sanitary condition. The life of the patient had been active; she appeared to be strongly built, and though naturally very vivacious, she proved very calm and tractable during her illness. There was no history of phthisis in the family. Several of the brothers and sisters had in childhood been frequently attacked by catarrhal laryngitis ("croup"), but I think the patient had never suffered in this way. She was well until five weeks before my attendance began, when she contracted a catarrh of the throat (subacute laryngitis), for which medicine was given from time to time by her physician, who thought her illness slight, but told her to avoid night air. She continued about as before, but lost several pounds in weight. A night or two before my first visit she went out to an evening assembly and "caught cold." Her physician being ill, a doctor who is called a homœopath was summoned. He mixed medicines in two goblets of water and told her to take them at short intervals in teaspoonful doses, expecting speedy improvement. Shortly after the first dose a discharge of fluid from the mouth and throat began, and the medicines being continued, her condition became so alarming by midnight that I was hastily summoned.

I found her with considerable sweating, a clear fluid being frequently expectorated (about a pint had been discharged during afternoon and evening), or coughed up. The alarming paroxysms of dyspnœa which had occurred during attempts to cough or vomit had almost ceased when I arrived. She complained of nausea and of the fatigue of frequent coughing and expectoration. I found the pulse very weak. The patient was able to get up and sit in a chair near the gas-light for examination. The tongue and fauces were clean and moist. With the laryngoscopic mirror I found no signs of membrane in the fauces or larynx. There were no symptoms of lung disease nor of disease of the heart. I pronounced the disease laryngitis, stopped the "homœopath's" medicine and gave a single dose of $\frac{1}{10}$ grain morphia sulphate.

Calling again in the forenoon, I found the patient with normally strong pulse, free from dyspnœa and nausea, and expectorating moderate quantities of mucus as in a common bronchitis. She was still perspiring freely, but felt much better than she had for 24 hours. There were two small spots of intra-follicular exudation to be seen in the left tonsil, a condition which I do not consider to be connected in any way with diphtheria. The throat was somewhat sore, especially on swallowing. There were three unfavorable symptoms, however—a slight fouling of the still moist tongue; considerable hoarseness and muffling of the voice; and a temperature of about 102° in the mouth, with corresponding pulse and a respiration-rate a little higher than the temperature would demand. In the evening she was about the same, but was too weak to leave the bed for a laryngoscopic examination.

On the morning of the second day (Dec. 5), the patient's condition was not changed, save that the temperature had increased to 103°, and the tongue was covered with a thick, dirty, moist fur. The voice was still suppressed. I felt that the disease was not a simple laryngitis, and that some serious complication must be present. There was no sign, on auscultation, of any trouble in the lungs, the symptoms all pointing to the larynx.

In the evening of this same day I

*Read before the Clinical Society of Maryland, Jan. 3rd, 1890.

found patient in about the same condition. The fauces were still clean, with only the two intra-follicular masses above described. A piece of false membrane, about 1 inch by ½ inch in diameter, which she had coughed up during the day, was shown to me. Making a second laryngoscopical examination by the aid of a candle, I found the larynx full of white false membrane. The temperature was about 102.5°, the pulse about 120, and the respiration 40. It was evident that there was still plenty of air passing through the larynx, although respiration was attended by harsh laryngeal rales. There was considerable pain in the throat, The bowels had acted well. Informing the parents of the danger, I told them I was ready for a consultation.

On the morning of the third day the patient was evidently more ill than before, The parents asked for a consultation with Dr. Chew. He saw the patient with me at 2 P. M. After careful examination he declared that tracheotomy was not indicated, as the patient was not cyanosed and as air was passing freely into and out of both lungs, and that it was a question of careful medication and of endurance on the part of the patient. At the time of his visit she was breathing quietly, about 40 times a minute, having a pulse of about 120. We were informed that a cylinder of false membrane, perhaps half an inch long, of the size of the little finger, had been expectorated.

At night, the patient was still worse, with loud laryngeal rales and a somewhat cyanotic face, and Dr. Tiffany was called in consultation, as it seemed hard to let the patient die without exhausting the resources of surgery as well as of medicine. Before he saw her, he told me that the respiration rate of forty would probably forbid operation, as it was not likely to result from simple obstruction of the larynx. Upon examination, he found a respiration-rate of 54, and complete obstruction of the left bronchus, the whole left lung being resonant on percussion, but no air either entering or leaving it. The larynx was sufficiently pervious. Tracheotomy was of course out of the question. During this day I noticed that there were periods of more difficult breathing, lasting perhaps an hour at a time, during which the lips and fingers would become slightly cyanosed.

On the morning of the fourth day the patient declared herself much better, and respiration had decreased to 40 a minute. The left bronchus was, however, still occluded, the tongue was moist and very foul, and the skin was hot and sweating as before.

At 2 P. M. I found the patient on the knees in bed trying to find a position in which she could get air. The color of the skin was bad, but there was only slight cyanosis, and this not constant. There was no working of the alae nasi. As it was evident that death from disordered blood had now set in and as the patient, who had borne her suffering very quietly, now pleaded for relief, I gave by the mouth ¼ grain of morphia, and in half an hour ⅓ grain. The patient soon became calm, and lay propped up on pillows, with respiration reduced to 24 a minute. The mind was perfectly clear, a throbbing in the head or numbness of the feet (relieved by rubbing), or a sense of "mesmerism" being occasionally complained of in whispers. At the end of four hours there was still no marked laryngeal stenosis, but the mind wandered at times, and evidently the vital powers were failing rapidly. At 8 P. M. of this fourth day I found the patient dying, with extended neck, open mouth and slow, gasping respiration. Death occurred at 10 P. M.

In the treatment of the case, I think all that was within my power was done. During the first day of my attendance, when the trouble seemed to be a simple laryngitis, carbonate of ammonia in 2½ gr. doses was given as a stimulating expectorant every four hours with codeia sulphate ¼ grain to soothe the pain, and warm applications were made to the neck and chest. On the second day the remedies were given less frequently, and tincture of iron 5 minims, with quinine 2 grs., was administered three times a day, hot water being frequently used as a gargle. When false membrane was

discovered the sputa were disinfected and brandy was given frequently in addition to the iron and quinine, the throat being sprayed with lime-water and mild solutions of carbolic acid, while a steam spray and steam inhalations were used from time to time, due attention being paid to nourishment. Afterwards slaking lime was applied under a croup-tent. The steam spray and the vapor of slaking lime both gave great relief when first used, but soon they lost their influence and became disagreeable to the patient. As the services of a trained nurse were declined, I soon despaired of accomplishing anything by direct spraying of the throat, and so did not undertake the application of the membrane-solvents so highly recommended of late in the medical journals.

I have brought this case to your attention to-night, because uncomplicated laryngeal inflammation of this sort is very rarely observed in adults. Statistics in regard to its frequency are not easy to obtain and the voluminous records of both croup and diptheria must be searched to find cases which represent the condition in question, most cases of membranous disease of the larynx and trachea being associated with similar disease of the fauces or nares. Some observers have even doubted whether primary membranous disease of the windpipe of diphtheritic nature ever occurs; whether it does not always follow similar inflammation of the fauces and nares. I am convinced that the case which I have related is an example of primary disease of the lower air-passages, as the exudation in the follicles of the tonsil was evidently not diphtheritic. In illustration of the fact that diphtheritic membranous inflammation may begin in the lower air-passages, I may refer to a case seen a few weeks ago in consultation by Dr. Chew, in which an adult male, after suffering for some days intense dyspnœa from disease of the finer bronchial tubes, died a few hours after the membrane appeared in the fauces.

I am unable to give any statement of the frequency with which uncomplicated inflammation of a membranous diphtheritic character affects the parts below the epiglottis, nor can I tell how often in adults such cases terminate fatally. The statistics given, generally apply to the disease in children. It is evidently very unusual to find it in adults and, from consideration of the sensitiveness of the parts and and the tendency of the disease to close up the bronchial tubes, I judge that in such rare cases the issue is much more often fatal than when the pharynx or nares alone are involved. Jacobi (Pepper's Syst. Vol. 1. p. 692), says "Diphtheria of the larynx, whether of primary origin or the result of extension from the fauces, is nearly always fatal." "Diphtheria of the trachea, which ascends to the larynx is positively fatal, and that rapidly, in spite of tracheotomy." But whether this is true in the case of adults I cannot tell. The only article at hand which treats separately of diphtheria of the larynx in adults is one in Ziemssen's Cyclopædia by Oertel vol. 1, 613. He calls special attention to the fact that while in children, death by occlusion of the larynx is the rule and death by the peculiar poison of the disease is the exception; in adults death by occlusion of the larynx is very rare. The difference is said to be caused by the difference in capacity of the larynx, but it seems to me likely that it depends quite as much on the slighter inclination in the adult to œdema of the parts and to reflex spasm, and perhaps on the greater respiratory power of the adult. Occlusion of the larynx is much more apt to occur in aged patients with small larynxes and sensitive nervous systems, than in adults of middle age. In the latter the progress of the disease is very much like that which I observed, except of course as regards the drug-poisoning which occurred before I was called. Many cases, however, are complicated toward the end by septicæmia, which was not present in my case.

If it should again fall to my lot to treat a case of this sort, I should endeavor, while using the ordinary tonics by the mouth, to have the air-passages sprayed frequently and carefully from the beginning by a trained nurse with

the best membrane-solvents known; and I think I should put the patient on a course of mercurials, small doses of bichloride, for instance, in the hope that more successful results might be obtained by bringing to bear upon the diseased surfaces a trusty germicide dissolved in the blood and, to some extent perhaps, thrown out through the affected mucous membranes. In a strong patient, duly guarded against salivation, this course of treatment might perhaps bring about recovery; certain it is that the attempt usually made to overcome the disease by local applications and tonics is a very forlorn hope when the windpipe is the seat of the inflammation. In the present instance I withheld mercurials because a very depressing expectorant had already been used.

The effect of the morphia given at the end was very striking. The patient was greatly soothed and the respiration-rate became as low as the use of the single lung would permit—namely 28. I used codeia at the first because I feared the check of secretion which morphia sometimes causes. Perhaps it would have been better to calm the patient with morphia from the beginning.

The case would be classed by both those who advocate and those who deny the identity of croup and diphtheria as an example of the latter disease, for the condition of the patient from the first day indicated that a grave infection of the general system had occurred.

The point made by Dr, Tiffany that the rapid rate of breathing showed that there was not a simple local obstruction of the larynx but a want of healthy blood resulting from systemic infection was new to me.

It is possible that the atmospheric conditions which have brought the influenza upon us this winter favored the rapid and fatal action of the disease-poison which might, in a more healthful season, have been thrown off from the body with little or no formation of false membrane.

311 West Biddle Street.

A CASE OF PROLONGED LABOR, WITH CRANIOTOMY.*

BY C. P. NOBLE, M. D.,
OF PHILADELPHIA.

I was called in the afternoon of October 29 to see Mrs. K., in labor with her first child, in consultation with Dr. J. Howard Evans, the message being that I should be prepared to do craniotomy. I found Mrs. K. much exhausted, with a pulse of 110, skin dry, and face anxious. On examination the head was found in the pelvis, the long diameter of the head being parallel with the right oblique diameter of the pelvis. The labia and vagina were much swollen and dry, and a large caput succedaneum was present. The cervix was completely retracted. The urine, as drawn by the catheter, was distinctly bloody. The head was quite impacted, and the pelvic circulation much embarrassed. A diagnosis of the position of the head could not be made positively, owing to the large caput succedaneum. On auscultation the fœtal heart could not be heard. A distinct odor of decomposition emanated from the vagina.

Dr. Evans gave me the following history. He was called at 1 P. M. to see Mrs. K., and was unable to get a very clear history, as the midwife in attendance was not disposed to make lucid replies to questions. The woman had been in labor about forty-eight hours, the waters having come away the preceding night. The head was arrested in the cavity of the pelvis, and the natural forces were evidently inadequate to complete the labor. Simpson's forceps were applied, and vigorous efforts made to effect delivery, without result other than the slipping of the forceps. Dr. Evans stated that he used all the power that he thought was justifiable, and more than ever before, and as this was ineffectual he considered craniotomy necessary.

The vagina was douched with corrosive sublimate solution 1–4000, and the

*Read before the Philadelphia Obstetrical Society, Thursday, Jan. 2, 1890.

vulva washed with the same. Hodge's forceps were applied and firm traction made. The head would descend, but not enough to bring the brow into the pelvis. In the meantime a supply of ether was obtained, and the patient got under its influence. The brow could now be distinctly felt above the brim and to the left. Further moderately strong tractions failed to dislodge the head, the forceps tending to slip. In view of the œdematous state of the tissues force was considered unjustifiable. A further careful auscultation did not reveal fœtal heart-beats. This fact, together with the history, was considered unjustifiable. A further careful auscultation did not reveal fœtal heart-beats. This fact together with the history, was considered satisfactory evidence of the death of the fœtus. Craniotomy was determined upon in the interest of the mother.

The head was perforated with the Blot perforator, which I consider the best instrument of its class. I was much pleased to observe that only very dark blood escaped from the brain, confirming my opinion that the fœtus was dead. The brain was broken up with the perforator, care being taken to destroy the medulla. Cranioclasis was then done with the Simpson cranioclast, and delivery effected by traction with the cranioclast. I succeeded in delivering without causing protrusion of any of the cranial bones. Simpson's cranioclast proved perfectly satisfactory and efficient, but would be a tiresome instrument to use in very difficult cases, owing to its lack of a fixation attachment, such as is possessed by Braun's modification. A douche of sublimate solution was then given, ergot administered, and the patient dressed as usual. The after-history was uneventful. The catheter was necessary for twenty-four hours. The urine became clear after two days. The temperature ranged from normal to 101° F. for some days, but the patient expressed herself as feeling well. There was no chill. Warm lotions were applied to the greatly swollen labia, and weak carbolized or sublimated vaginal douches given daily (the water used was boiled); iodoform suppositories were also employed. The fetor quickly disappeared and the swelling subsided during the first week. The breasts gave no trouble, as is usual when they are not officiously meddled with. The patient was discharged well.

This case represents a class seldom met with. The right occipito-posterior position is the second most frequent position of the head in labor, but the natural forces, or at most a little aid with the forceps, are usually all that is necessary to effect delivery. The axis-traction forceps of Tarnier or Poullet are especially useful in these these cases, because they supply the necessary aid, and interfere but little with the normal movements of the head in labor. There was little, if any, contraction in the pelvis in this case, and doubtless had the forceps been applied before œdema was present, especially axis-traction forceps, craniotomy would have been unnecessary.

A CASE OF INDUCED PREMATURE LABOR.*

BY C. P. NOBLE, M. D.,
OF PHILADELPHIA.

The following case is of more than usual interest, involving, as it does, questions of the highest importance to obstetric surgery :—

Mrs. X., the subject of this report, is a small woman, four feet eight inches in height, and weighs one hundred pounds.

The following are the pelvic measurements :—

W. 29 cm. C.D. 8 cm.
A.D.S. 24 " C.V. 6½–7 " estimated.
Cr. II. 26.
Ext Conj. 16½.

She has had four children. The first, a boy, was born after a labor of nineteen hours' duration. The forceps were applied, and the head so much injured

*Read before the Philadelphia Obstetrical Society, Thursday Jan. 2, 1890.

("mashed") that it died shortly after birth. The second, a girl, was born after a labor of fourteen hours, spontaneously. The third, a girl, was delivered by Cæsarean section, by Dr. Howard A. Kelly, in the Kensington Hospital for Women. The fourth, a girl, was born after induced premature labor, at the thirty-sixth week. Concerning this labor, conducted by myself, I wish to speak in full. Before doing so, however, it will be well to refer more fully to the previors labors. The first labor was a very difficult one. The infant whose head was crushed with the forceps was not weighed, but was a small rather than a large baby. The second labor was also a very difficult one. The infant, a girl, was extremely small,—so small and puny that it was not considered probable that it would live, which, however, it has done. This infant was not weighed, but from the statements of the parents and an aunt it is safe to say that it weighed about five pounds. The third child was born by Cæsarean section—the mother being told that either craniotomy or Cæsarean section would be necessary. I had the pleasure of seeing this patient in consultation before the operation, and concurred in the opinion given. The mother made a good recovery, but her getting about was delayed by a mild phlebitis, which attacked first the left, and later the right leg. The baby was a girl and weighed six pounds fifteen ounces.

Mrs. X. was told that should she become pregnant again it would be possible to deliver a living infant by inducing labor at eight months, which opinion has been verified by the result of her last labor.

On the 9th of November, at 2 P. M., Dr. Kelly introduced a flexible bougie into the uterus to bring on labor, as the pregnancy was estimated to be within four weeks of term. At 9 P. M. of the 10th, labor not having come on, I introduced a second bougie. At 11 P. M. pains began, which soon became regular and frequent. At 9 o'clock the following morning, I introduced Barnes' dilators, sizes first and second, the second size being left *in situ*. This was forced out at 12 o'clock, when the largest-size bag was introduced, filled and allowed to remain. Shortly before 6 o'clock, the pains having continued frequent, regular and strong, and the cervix being perfectly flaccid, I ruptured the membranes, hoping that the head, which had remained at the superior strait, would be driven down.

The patient was seen at this time by my friend Dr. Boyd. The head presented semiflexed, the occiput being directly in relation with the left ilium, the brow with the right ilium, the anterior fontanelle lower than the posterior. High up, in the region of the right sacro-iliac synchondrosis, I could feel a hand in relation with the side of the brow.

The pains continued regular and even stronger than before, coming on at intervals of three or five minutes, and so continued until 11 o'clock, when the patient became much exhausted and the pains less frequent and strong. At 12 o'clock the patient was quite worn out, the labor arrested, and the pulse, which had remained at or about 80 beats per minute, increased to 110 beats. The head remained movable at the superior strait.

Seeing that the time had come to interfere, I secured the assistance of Dr. Appelback and made ready to apply high forceps. The patient was etherized and put in the obstetric position, and the forceps applied. I found it impossible to use the forceps properly with the patient on the low bed, so she was removed to a table. Simpson's forceps were used. It was my intention to attach the traction rod of Dr. Reynolds of Boston; but owing to the narrow, space in the pelvis, and the fact that the cervix was not in the least retracted, I could not apply them. Downward and backward traction caused the head to engage, but the parallel shanks of the Simpson forceps put the perinæum on the stretch to such an extent that rupture, beginning at the anus, was imminent (Simpson's forceps had been selected as least likely to mark the face of the blade, one blade of the forceps being applied over the face). To avoid this

pressure Hodge's forceps were applied, and efforts at delivery made after the method of Pajot. The trials, continued at intervals for forty minutes, brought the head on the perinæum, and passed the obstruction. Delivery was completed at 2.30 A. M. of the 12th, forty-five minutes after the patient was removed to the table. The labor lasted twenty-seven and one-half hours.

The labor followed the mechanism characteristic of the flat pelvis. The head presented with the bi-temporal diameter in the conjugate, the bi-parietal diameter being to the left. After repeated efforts with the forceps the head engaged in the superior strait. There was absolutely no room to spare, although the parietal bones overlapped. As the head descended, the maternal soft parts were crowded down in front of it, more especially the anterior wall of the vagina and base of the bladder, nor was it possible to get these tissues up until the obstruction was passed.*

The baby was somewhat cyanosed when delivered, and did not breathe well until it was suspended, head downward, for some minutes. Crying was induced by frictions along the spine with the hand, a method which I have usually found efficient. Some superficial bruises and abrasions were caused by the forceps, but these disappeared after a few days.

The puerperium was normal. A curious rise of temperature to 102°F. occurred near the close of the second week, but the temperature became normal within a few hours, and remained so. No cause of this rise of temperature was apparent.

This labor was, to me, a most anxious one, and unquestionably attended with considerable risk, especially after the rupture of the membranes. What troubled me most was the knowledge that the scar from the Cæsarean section might give way, and necessitate laparotomy with suturing of the laceration, or hysterectomy. It seems probable that the line of union, secured by the modern method of multiple suturing of the uterine incision in Cæsarean section, is stronger and less likely to give way during subsequent labor than after the old method of operating. The result in this case supports this view. When it became evident that the natural forces were not able even to make the head engage in the superior strait, the outlook for successful delivery with high forceps was not promising, and it seemed not unlikely that even this premature labor would have to be terminated by craniotomy. In my judgment, version was absolutely contra-indicated in this case.

The risk of rupturing the uterus more than counterbalanced any advantages, real or supposed, in having the head come last through this narrow pelvis.

When the forceps were applied I was in considerable doubt as to the result of their use. The bi-temporal diameter, which was in relation with the conjugate, was clearly longer than that diameter, and the head could only come into the pelvis through moulding. This process was favored by the fact that the bones were soft from prematurity.

I was disappointed in not being able to apply the traction rods, which was impossible, owing to non-retraction of the cervix. The method of Pajot was adopted, great care being taken to avoid force. This was especially necessary, as the anterior lip of the cervix was between the head and pubic bones, and the posterior lip between the head and sacrum.

The fœtal measurements were taken three-quarters of an hour after birth.

Diameters.

B.P.	7.5 cm.	O.F.	10.5 cm.
B.T.	6.5 "	O.M.	11. "
B.M.	6.5 "	T.B.	9.5 "
S.O.B.	9. "	F.M.	7.5 "

B. Acrom. 11.

Circumferences.

S.O.B.	30.	cm.
O.F.	31.5	"
B.Arom.	31.	"

*The labor was completed without further special difficulty. The placenta was quite firmly adherent, but was delivered by compression of the corpus uteri and traction on the edge of the placenta. It was attached over the site of the Cæsarean incision, which doubtless accounts for the adhesion.

Full antisepsis was employed as regards patient, hands and instruments.

Length, 44.5 cm.; weight, 5½. It will be observed tnat while the measurements of the fœtal head are considerably less than normal, this is especially true of the transverse diameters, and much less true of the vertical diameters. This is characteristic of labor in flat pelves.

This case is of interest, especially for its bearing upon the subjects of the induction of premature labor, craniotomy, and Cæsarean section. It is very exceptional that a living child is born through a simple, flat pelvis with a C. D. of 8 cm. In such a pelvis there is not more than from 6.5 to 7 cm. working space during labor, the variation depending on the position of the cervix. That this woman has had two children born at term—one mutilated with forceps and one at the eighth-month pregnancy—is quite remarkable; for while the type of her pelvis is the simple flat variety, yet the transverse diameters are narrow, owing to her small stature. Clarke and Burns considered that a living child cannot be born through a pelvis with a conjugate of less than three and one-quarter inches. Ramsbotham fixes the limit at three inches, and Osborne and Hamilton at two and three-quarters inches. Parvin states that in case of a general pelvic contraction, if the true conjugate be less than 8 cm. the choice must be made between embryotomy and Cæsarean section. That this woman has been delivered of two children at term is explained by the small size of the children, and the fact that great moulding of the fœtal head will, at times, result after long hours of powerful labor. This, however, can never be anticipated.

This woman is the type of a class in which spontaneous labor at term is possible if the child be under size, but in which, with children of average size, craniotomy or Cæsarean section will be necessary. If seen before term the indication of premature labor affords a prospect of labor with the delivery of a living child.

The German Congress of Internal Medicine will be held at Vienna on April 15th to 18th, 1890, under the presidency of Dr. Nothnagel.

Society Reports.

CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD DEC. 20th, 1889.

The 235th meeting of the Clinical Society of Maryland was called to order by the President Dr. R. B. Morison in the chair.

Dr. James J. Mills was elected a member of the Society.

Dr. J. H. Branham read the

REPORT OF A CASE OF PUERPERAL CONVULSIONS.

Dr. Edward M. Hartwell read a very interesting paper entitled

SOME ACCOUNT OF MECHANO-THERAPY AS PRACTISED IN SWEDEN AND GERMANY.

(*To be published later.*)

Dr. John R. Winslow reported

A CASE OF DIFFUSE SUPPURATIVE PERITONITIS

from perforation of the appendix vermiformis, and exhibited the specimen.

Dr. R. B. Norment said that he had seen one case of localized peritonitis where subnormal temperature was a marked symptom and where the diagnosis was most difficult to make. Dr. Tiffany operated on the case at about the eighth day, and a large abscess was opened. After the operation the temperature went up and gradually rose and fell at different intervals until recovery was finally completed.

Dr. L. McLane Tiffany said that the diagnosis in this condition is a most difficult problem. He believes that the temperature is the most valuable guide we have and that the axillary temperature is more reliable than when it is taken by the mouth. The latter is open a good part of the time, and the patient being thirsty, cold drinks, etc., are frequently taken. The rectal temperature,

too, shows a marked difference from that of the mouth, or even of the axilla. He has never found a subnormal temperature in the rectum. He here related several illustrative cases. Rapid pulse is a most unfavorable sign in this condition, and if it be very high he thinks that laparotomy only hastens death. He did not call to mind an instance where a patient ever recovered if the pulse was over 130.

Constipation is present in the vast majority of cases where there is an inflammation of the appendix and when free movement of the bowels does occur it usually means a purulent condition or that the inflammation is becoming diffused.

Dr. Randolph Winslow said that he only wished to corroborate the facts in the case just reported. He saw him too late to offer relief by means of operation. Collapse was marked and no pain was present. Pulse was very rapid. In some of these cases the pus is circumscribed; in others the peritonitis is fulminant, and no limiting barriers are present; all of the peritoneal cavity becomes invaded. The only time to operate in this class of cases is in the beginning of the attack.

Dr. J. Whitridge Williams asked if the patient had complained of any colicky pains. As no one had made mention of examination by the rectum he wished to call attention to that point as an important means of determining a great deal about these conditions.

Dr. N. G. Keirle said that slow pulse, no pain, clearness of intellect, all are symptoms of shock. Whether in these conditions the trouble is diffused at once or localized for a time and shut off, he thinks, is a question. If you open the appendix vermiformis after death you will often find fecal matter. He is a little sceptical about this being the cause of the trouble; he thinks it probably gets there after the inflammation begins. In some cases there is evidently an idiopathic inflammation, as no other cause can explain it.

Dr. John R. Winslow said that his patient took a good deal of ice during his illness, and he was sceptical about the range of temperature at the time. In consequence of this, he took note of it several times during each visit, and the thermometer always registered low. The boy had been in perfect health before the attack came on. He would like to ask Dr. Tiffany if he had observed the board-like hardness of the abdomen in any cases during his experience, and what would have been the chance of recovery in this case had laparotomy been done.

Dr. L. McLane Tiffany said that he had observed two cases where the abdomen presented this board-like condition and in both there was a diffusive peritonitis. In Dr. Winslow's case the only hope offered was to cut; even then he does not think the patient would have gotten well. If the pulse is 120 it means an unfavorable prognosis; if 125 the patient usually dies. Pain at the end of the penis is indicative of peritonitis over the bladder. Usually in peritonitis the bowels are distended, and by an examination into the rectum the finger passes into a decided cavity and little can be determined.

STATED MEETING HELD JANUARY 3d. 1890.

The 236th, meeting of the Clinical Society of Maryland was called to order by Dr. J. Edwin Michael in the chair. Both President and Vice President absent. Drs. H. H. Lacier, C. G. Hill, J. T. King and C. C. Harris were elected members.

Dr. A. K. Bond read a

REPORT OF A FATAL CASE OF MEMBRANOUS INFLAMMATION OF THE LARYNX AND TRACHEA IN AN ADULT.

(*See page* 361.)

Dr. J. T. Smith said that in reference to the value of the so-called solvents, he had had considerable experience with them in his own family, especially with

trypsin, that it acts well outside of the body has been clearly shown, but under some conditions in the body it fails to exert any influence. In two cases he used it persistently, but with no effect at all.

Dr. L. Mc.Lane Tiffany said that he had seen the case related by Dr. Bond, and also the other case to which he made reference. This latter patient was aged 32 years; he had been sick for three days, the trouble beginning in the larger bronchial tubes, extending into still larger ones and finally into the trachea. When seen the patient was propped up in bed with mouth wide open and gasping for breath. There was absolutely no laryngeal obstruction. He was suffering for want of breath. Respiration at this time was 28, lips bluish, and some slight depression in the supra-clavicular region. In the upper half of left lung no air entered. Pulse was rapid and weak. In such a case tracheotomy was out of the question. Two hours before he saw him his pharynx was clear; at the time he did see him, however, there was a pellicle on the left tonsil which grew rapidily.

When a child is dying from laryngeal obstruction there is extreme muscular exertion and in order to empty air through a small space there is not much difference in the number of the respiratory efforts composed with the normal. There be 26 or 28 to the minute when a patient is breathing more than that usually there is something wrong. He then related several illustrative cases.

Dr. George Thomas said as regards the significance of the respiration in this affection, it is laid down by various authors, especially by Guttmann that if the exudation involves the finest tubes it affects expiration: if the large ones, inspiration, and if the interchange of air is impeded, rapidity is the result.

Dr. A. K. Bond asked how many of the members present had seen cases of this affection In adults. He is of the belief that unless the trypsin is used by one experienced with it, it will do no good. He did not give oxygen because the patient was struggling with death at the time.

Dr. T. A. Ashby read a paper on

LAPAROTOMY FOR ECTOPIC PREGNANCY WITH REPORT OF A CASE.

Dr. J. H. Branham said that he was very much interested in the paper and the Society was indebted to Dr. Ashby for it. It has been demonstrated in the lower animals that impregnation does take place in the tubes or ovaries and there have been reasons for locating it there in the human being. How the spermatozoa pass the resistance offered by the cilia is hard to explain.

Dr. G. H. Rohé said there were some interesting facts to be discussed in this connection. If the other tube was healthy in Dr. Ashby's case, that disposes of the idea of the diseased condition of the tube as being the cause of the abnormal site of impregnation.

He thinks it is not safe to accept the authority of Mr. Tait because he bases his ideas solely on his own experience. He is glad Prof. Welch has the courage to acknowledge that such impregnations do take place; it seems to show that it does occur even If Mr. Tait does not think so. In reference to the diagnosis of such conditions he has no doubt but that it can be made at the present time. He will be glad if Dr. Ashby will point out where Mr. Tait shows that the placenta develops after the development of the fœtus is retarded. If the diagnosis is so hard to make, how do we know that electricity kills the fœtus? As far as he knows there is no case reported where it is shown that rupture took place after the use of electricity. He believes that laparotomy is the proper thing to do, but if the diagnosis is so hard it may not be proper, perhaps some other methed more conservative would be the best in such an event.

Dr. T. A Ashby said that the exact point of location of the developing body is a matter of speculation to a certain extent, but the weight of evidence is in favor of its being in the ovary. We can not argue from the lower animals because of the difference of the anatomical relations of the parts. The diagnosis is

undoubtedly difficult but can doubtlessly be made in many instances. The growth of the placenta after the death of the fœtus has been referred to by Mr. Tait and others. He does not see why such cannot take place, because we do have such growth after abortions for example, it is more apt to be so then, than after pregnancy. He thinks that treatment by electricity is irrational because we only leave the fœtus there to give further trouble.

W. J. Jones, M. D.,
Recording Secretary.

1238 Greenmount Avenue.

THE PROSTATE GLAND: ITS ENLARGEMENT OR HYPERTROPHY.

In a third paper on this subject in the last number of the *Journal of Anatomy and Physiology* Mr. Griffiths, the assistant to the Professor of Surgery at Cambridge, arrives at the following conclusions: 1. That enlargement or hypertrophy of the prostate gland results from a growth of the gland tubules with their associated muscle, so as to form new gland substance, closely resembling in its structure the normal gland. This constitutes the first or glandular stage. 2. That after a variable time degererative changes set in, which ultimately convert the new tissue into a mass of more or less dense, fibrous, connective tissue, containing only the atrophied remains of the glandular and muscular elements. This constitutes the second or fibrous stage. 3. That no enlargement takes place behind the urethra except when glandular substance exists behind and above the level of the veru montanum in the situation of the "third" or median lobe. 4. That the so-called "tumours" are not in reality tumours, but merely pronounced localized enlargements of the gland, which pass through the same stages as the gland when enlarged as a whole. 5. That true muscular tumours (myomata) do sometimes, though rarely, arise in the substance of the prostate gland, but that they are pathologically different from the ordinary local or general enlargement of the gland.—*Lancet.*

SECRETARIES OF SECTIONS OF THE AMERICAN MEDICAL ASSOCIATION.

The following are the Secretaries of the Sections of the American Medical Association for its Nashville Meeting:

Practice of Medicine.—Dr. H. Mc Coll, Lapeer, Mich.

Surgery and Anatomy.—Dr. John Blair Deaver, 120 South 18th Street, Philadelphia, Pa,

Obstetrics and Diseases of Women.—Dr. Joseph Hoffman, 126 Diamond St., Philadelphia, Pa.

State Medicine.—Dr. F. S. Bascom, Salt Lake City, Utah.

Ophthalmology.—Dr. E. J. Gardiner, 70 Monroe Street, Chicago, Ill.

Laryngology and Otology.—Dr. Frank H. Potter, Buffalo, N. Y.

Diseases of Children.—Dr. E. F. Brush, Mount Vernon, N. Y.

Medical Jurisprudence.—Dr. T. D. Crothers, Hartford, Conn.

Dermatology and Syphilography.—Dr. Wm. T. Corlett, Cleveland, Ohio.

Oral and Dental Surgery.—Dr. E. S. Talbot, 125 State Street, Chicago, Ill.

A DANGEROUS GLOVE.

A lady in high station went to a *soirée* with a pair of new kid gloves. During the entertainment she was forced to leave, owing to severe pain in the hands. In the morning her hands were covered with boils, which the medical attendant diagnosed as septicæmia. The gloves were handed over to the professor of chemistry for analysis and critical examination. It has now been unanimously agreed by the experts engaged in its elucidation, that the animal whose skin was used for glove-making must have been suffering from Rinderpest when killed.—*Med. Press and Circular.*

Dr. Frederigo Susviela Guarch, Minister Resident of the Republic of Uruguay at the Court of Berlin has founded a periodical entitled "*Revista General de Ciencias Medicas,*" with a view to making the best results of German medical research and practice available to his fellow physicians whose mother tongue is Spanish.

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BALTIMORE, MARCH 8, 1890.

Editorial.

HOW TO TREAT ACUTE COLDS.

The laity is very fond of saying that physicians cannot cure an acute cold. The fact is, the patient will not be treated early enough, and most of them refuse treatment altogether. If an acute cold ever were treated seriously and from the beginning, it would easily yield to treatment. Many cures have been suggested in the form of prescriptions and applications. The public usually wants a remedy gratis, and in the case of colds they generally seek "parlor advice," and ask what is good for a cold, expecting a single remedy to be suggested which, when taken, will immediately cure the cold at any stage, despite the continued imprudence of the individual in question.

Dr. C. H. Stowell, of Washington (*N. Y. Medical Journal* March 1st, 1890), in discussing acute colds and the evils that follow their neglect, after speaking of nasal and oral breathing, suggests a few drugs to be used. In the early stage the patient should have a hot foot-bath and a bowl of hot lemonade, and then be put to bed with heavy blankets to produce copious perspiration. At a late stage aconite is indicated in half drop doses every half hour for a few hours, until its physiological action is apparent. Small and frequently repeated doses of tincture of belladonna are indicated when the discharge from the nose is thin and the throat is involved. In the early stage the following is recommended:

℞. Cocaine hydrochloride . gr. ivss
Antipyrine . . gr. xviii
Sodium bicarbonate . gr. v
Water . . . ℥j

M. Sig. Nasal spray.

After twenty-four to thirty-six hours the following should be used:

℞. Cocain. hydrochlorid. . gr. ix
Aquæ. . . ℥ss
ft. solutio et adde
Olei petrolei . . ℥j
Olei eucalypti . . gtt. vi
Olei gaultheriæ . gtt. iii

M. Sig. Nasal spray.

Sometimes a powder like the following may be used:

℞. Sodii bicarb. . . gr. ii
Magnesiæ carb. (levis) gr. iii
Menthol . . . gr. i
Cocain. hydrochlorid. . gr. iv
Sacch. lactis. . . ℥iss.

M. Sig. Use as snuff.

This gives marked relief in a short time. In the case of young children, where a powder or spray cannot be used to advantage, such an ointment as the following may be used in the nose, to be applied with a feather:

℞. Cocaine hydrochloride . gr. ix
Anhydrated lard
Vaseline . āā ʒss

M. Sig. Ointment for the nose.

In conclusion, the writer adds that as the amount of cocaine prescribed is small, and as it should never be used beyond the acute stage, or in any chronic catarrhal affection, there can be no great objections to its use. It is better, however, for the physician to dispense the powder himself, and thus control its use.

THE NECESSITY OF A LAW TO PREVENT INCOMPETENT PERSONS TO ACT AS PHYSICIANS.

If there was ever any doubt as to the necessity of a medical law in our State, such a doubt could be easily removed by reading the letter in the correspondence column of this issue. A poor ignorant negro is imposing on people even more ignorant than he is, and curing them of imaginary ills. This is not so bad, but when an unlicensed practitioner undertakes to treat an actual disease which needs intelligent supervision, he should be prevented by some legal restraint. Unfortunately, such a restraint is not to be found in the laws of this city or State as far as it has been ascertained.

This shows, as the correspondent says, what a necessity there is for a good, efficient, acting law which shall not only regulate the coming practitioner, but which shall in some way have control over all those who profess to follow the healing art in whatever way. A fairly good law is before the Legislature now, but whether the members will take sufficient interest in this bill to pass it has been thought doubtful.

Correspondence.

THE NECESSITY OF A LAW TO PREVENT INCOMPETENT PERSONS TO ACT AS PHYSICIANS.

Editor Maryland Medical Journal:

Dear Sir:—There is at present great need that our Legislators recognize the necessity of prompt action in regard to the passage of the act restricting the practice of medicine in the state of Maryland. Pennsylvania on the the north and Virginia on the south require strict examinations before allowing one to practise medicine; the consequence is that great numbers of incompetent men are dumped upon Maryland soil, to the detriment of a suffering and confiding public. A number of men in Baltimore and throughout the state announce themselves as doctors and attempt to treat the various diseases to which flesh is heir, without knowing the rudiments even of an ordinary English education, not to mention their utter ignorance of medical truths.

A number of druggists pretending to be physicians also prescribe over their counters for all diseases. This is bad enough when the druggist is a graduate of medicine but is much worse when all he knows about the diagnosis and treatment of disease is obtained from Warner's Safe Cure almanacs or Parrish's pharmacy.

The law, when it is passed, should be made so as to prevent everyone from practising medicine in the state unless he can show a diploma from a respectable medical school or can pass a satisfactory examination.

Many wonld be surprised, doubtless, to know to what extent quackery pervades in the city of Baltimore, a city which boasts of being such a centre of education, with its half dozen medical schools and universities, scores of hospitals and dispensaries, besides the hundreds of schools for the diffusion of knowledge in general. This quackery is not limited to the lower clesses but extends to those whose education should teach them better.

These facts are forcibly illustrated by the following occurrence. On Saturday February 22, 1890, a lady came and asked me to go to see her sister-in-law and advise her of the sick one's true condition, as she thought she was very ill and the "doctor" attending her did not seem to realize her true condition. I went and found the patient showing marked signs of pulmonary phthisis and that death would probably take place in a few days, and so advised the sister in-law. One week afterwards the patient died and they went to the "doctor" that attended her and asked for a death certificate; the following is a copy of the one he wrote:

"Baltimore March 1, 1890. Miss Suey Woods Died at two oClock to Day. Death of Miss Suey Woods Couse By New-Moaner Born in Baltimore age 41 years acpation tyler Redince St Peters St 810 attended By Dr. G. W. kennard office 1006 Stirling St. Near Eger Md. 1890."

This certificate could not be accepted at the office of the "Commissioner of Health" as the signer was not registered; so to prevent trouble to the family and not delay the funeral I gave them a proper ceriificate.

This so-called "Dr. Kennard" is a mulatto, drives around with a horse and buggy and his practice is not limited to the poor, but is also among those who are better off financially and ought to have more sense.

Although we have one medical law which is inactive on account of no appropriation to enforce it, and another bill now before the legislature, still I am informed by the Health Commissioner that with our present law or even if our future law were active, it would be impossible to convict this man unless one of his patients should sue him for malpractice. This is disgraceful indeed to think that such a state of things can exist with no redress. Does not our city press posess on its staff an enterprising reporter or a "Nellie Bly" who would go to this man for medical advice and then prosecute him for malpractice?

A Physician.

Reviews, Books and Pamphlets.

Foods for the Fat; A Treatise on Corpulency and a Dietary for its Cure. By Nathaniel Edward Davies, Member of the Royal College of Surgeons, England. American edition. Edited by Charles W. Greene, A. M., M. D. Philadelphia: J. B. Lippincott Company, 1889. Pp. vii–9 to 138. Price 75 cents.

The author of this little work, finding objections to the systems of Banting, Oertel, Ebstein, etc., has attempted to glean the good from all these systems and add to them what his experience has taught him will reduce obesity. The average medical man in this country, owing to our defective educational system in medicine, knows next to nothing of dietetics, and pays but little attention to a dietary table for his patients, and too much to the administration of drugs. A careful study of books of this character and a practical application of the rules laid down would help many in the treatment of disease. There are foods for the fat, for the lean, for the dyspeptic, for the fever patient, for the phthisical, and a proper selection of these foods is often more important than the administration of drugs.

The division of this book into short sections gives it the appearance of Cushing's Manual, and rather detracts from the pleasure of reading it. The amount of food required, its use and elimination, the use of fat in the body, the evils of over-eating, the time for

meals, the amount of food to be consumed, exercise, stimulants in corpulency, tea, coffee, cocoa and water are the subjects making up the first part of the book. Part II. contains a table of diet for each month, a table for each day in the week, and then a series of recipes for breakfast and dinner dishes. The use of saccharin instead of sugar is highly recommended. Many ideas are from an English point of view, but the American editor has so modified many points as to make the book applicable to American ideas of diet.

The Year-Book of Treatment for 1890. A Critical Review for Practitioners of Medicine and Surgery. Philadelphia: Lea, Brothers & Co., 1890. Pp. 324. Price $1.25.

An inspection of this excellent little book of reference shows that although it is still edited by a corps of English physicians, American medical literature has been very carefully gleaned, and in fact more used than in the "Year Book" for 1889.

The work is divided into twenty sections, each one by a different editor. In Diseases of the Heart and Circulation no very new remedies have been added to the list, but an attempt has been made to more thoroughly study and classify those now in use. The Lungs and Organs of Respiration make up the longest section and show a large number of remedies suggested, but few new facts are added. In the Nervous System, the treatment of locomotor ataxia by suspension and hypnotism receives the most attention. Dyspepsia and intestinal obstruction seem to be the most important subjects treated, under Diseases of the Stomach, Intestines, Liver, etc. The section on Diseases of the Kidney, Diabetes, etc., contains much of recent discussion. Albuminuria is considered of less importance, and a more hopeful view is taken of the curability of Bright's Disease. The subject of uræmia, diabetes and calomel as a diuretic makes up the section. The section on Rheumatism and Gout contains little new. The section on Medical Diseases of Children is principally noted for its high tribute to American literature, to Keating's Cyclopædia and to a praise of the *Archives of Pediatrics*. Continued Fevers naturally contain much on new antipyretics. The section on General and Special Surgery treats of a large number of new operations. Under Venereal Diseases, the curability of syphilis receives the principal attention. The subcutaneous injection of mercury is discouraged. Little advance has been made in Diseases of Woman. Scientific pathology has helped especially in the treatment of genital tuberculous disease. Apostoli's treatment, although still enthusiastically upheld by Keith, is gradually sinking to its proper level. In Midwifery, the Cæsarean Section, Extra-Uterine Pregnancy and Puerperal Fever receive the principal notice. The lichen group has been the principal topic of discussion in Skin Disease. In Diseases of the Eye and Ear, Throat and Nose, no great advances have been made. Of local interest is it to notice that with the exception of Dr. Wm. Osler, Dr. Herbert Harlan is the only Baltimore authority mentioned in this extensive work. As for the number of new drugs brought out in the past year, their number is truly bewildering, principally in the line of antipyretics, analgesics, hypnotics, antiseptics, and germicides. Although the "Year-Book" is a few pages smaller than last year, it seems to treat of a greater variety of subjects. A full reference is given to each article noted. The price of the book is less than last year.

The Ophthalmic Review for January and February has been received. The editors are J. B. Lawford, London; Karl Grossmann, M. D., Liverpool; Priestley Smith, Birmingham; John B. Story, M. B., Dublin; and Edward Jackson, M. D., Philadelphia. London: J. A. Churchill. Philadelphia: P. Blakiston, Son, & Co.

Proceedings of the Detroit Medical and Library Association, 1889. Reprinted from *The Physician and Surgeon*, Detroit, Mich.

Transactions of the Medical Society of the State of North Carolina, 36th Annual Session. Held at Elizabeth City, April 16, 17 and 18, 1889. Wilmington, N. C. Jackson & Bell, 1890.

A Failure in Brain Surgery. By HAL C. WYMAN, M. D., Professor of the Principles and Practice of Medicine of Surgery in the Michigan College of Medicine and Surgery, Detroit. Reprinted from the *Medical News*, Feb. 8, 1890.

Miscellany

THE CONDITIONS WHICH COMPLICATE HYPERTROPHY OF THE TONSILS.

Hypertrophy of the tonsils may be congenital or acquired. It is directly associated with a scrofulous condition. The lesions of this condition are not limited to the tonsils; the bucco-pharyngeal cavity, nose, ears, larynx, trachea, and bronchi are successively involved. There is a marked change in the voice, the movements of the pillars of the pharynx are limited, and the muscles which preside over these movements finally atrophy. Hypertrophy of the tonsils also predisposes to parenchymatous, follicular. and phlegmonous amygdalitis, to infectious lacunar angina, and even to diphtheria. Frequent concomitants are also catnrrh of the pharynx, granular pharyngitis, and various reflex neuroses. Hypertrophy of the tonsils also entails atrophic rhinitis, dry pharyngitis, and the development of adenoid vegetations in the naso-pharyngeal cavity. It would therefore appear that hypertrophied tonsils should be treated as early as possible, and not later than the fourth or fifth year. The proper treatment is removal, and to prevent the possibility of hæmorrhage the extirpation should be accomplished with the galvano-cautery. —*Archives of Pediatrics*

TREATMENT OF PHOTOPHOBIA.

At the last meeting of the Paris Ophthalmological Society (*La France Médicale*, No. 6), M. Guttierer Pouce spoke of a case of keratitis with intense photophobia, in which he had successfully treated that symptom by what he considered was "direct anæsthesia of the Gasserian ganglion," effected by the simple device of inserting into the external auditory meatus a plug of cotton-wool soaked in chloroform.—*Lancet.*

THE INFLUENCE OF COLD IN PNEUMONIC INFECTION.

Dr. G. Lipari, of Palermo, in his recent experiments on the infectious nature of fibrinous pneumonia, essentially confirms what is known of Frænkel's pneumonococcus, and has also succeeded in proving the influence of cold as a factor in the origin of fibrinous pneumonia. The endo-tracheal injection of pneumonic sputa or pleuritic exudation of animals which had died from pneumonococci gave a negative result, but when the author, before or after the endo-tracheal injection, exposed the animals to cold, the result was very different. Of eight animals so treated, six died with clearly established pneumonic infiltration. The author supposes that the cold paralyzes the ciliated epithelium of the bronchi, and at the same time causes their mucous membrane to swell, both of which pathological processes favor the descent of the infectious material into the alveoli. These experiments were doubtless undertaken with a view to harmonize the old and new teachings upon the origin of this prevalent disease. —*Lancet.*

PROGNOSTIC SIGNIFICANCE OF MODERATE CARDIAC HYPERTROPHY AND DILATATION.

Dr. Chas. Sheard (*Canadian Practitioner*), says:

1. A diseased valve may be restored to functional activity and leave no ill effects.

2. The diseases of the heart most liable to cause sudden death are aortic regurgitation and fatty disease.

3. That in aortic stenosis the patient has generally the longest lease of life given with any valvular disease, and may live for years after moderate hypertrophy exists.

4. That aortic obstruction and aortic regurgitation, when associated, is constituted the most grave of all cardiac lesions.

5. That lesions of the mitral valve, both obstructive and regurgitant, are slow in causing death.

6. That simple irregularities in the heart's beat may be classed with functional disorders as not showing liability to organic disease.—*American Lancet.*

TREATMENT OF INTESTINAL OCCLUSION.

Dr. Kollman mentions in the *Münchener Medicinische Wochenschrift* a case of occlusion of the small intestine in an old woman, who, after opiates and morphia injections had been unsuccessfully given in order to arrest the violent vomiting, showed signs of such extreme weakness that operative measures were out of the question. He therefore determined to act on the lower part of the bowel by means of glycerine injections, while keeping the upper part of the intestinal tract quiet by the administration of ice and by ice-cold applications over the stomach. In this way the peristaltic action of the gut below the spot where the obstruction existed was stimulated while the part above this was kept at rest. The result was satisfactory, for on the second day a motion was passed and the patient recovered.—*Lancet.*

NAPLES AND TUBERCULOSIS A CENTURY AGO.

At a recent meeting of the Paris Académie de médecine, reported in the Union Médicale, M. Sée read the following decree, issued a hundred years ago by the King of Naples: "Every physician is henceforth required to report to the authorities every case of consumption the instant it is recognized. Failing this, a fine of four hundred ducats will be exacted; and for a second offense, banishment for ten years. Poor patients shall at once be taken to the hospital. Their clothing and linen shall be kept and cared for apart from those of other patients, and an inventory be made. In case of death, every article must be produced and identified by the hospital superintendent. Any infringement of this rule may be punished by imprisonment or the galleys. It is the duty of those in authority to renovate the room of a former patient—floor, hangings and furniture-coverings—to burn the window-frames and doors, and to replace them by new ones. The extreme penalty of the law will be visited on any one buying or selling the effects of phthisical patients. Every house where a consumptive dies shall be blacklisted." The decree was enforced up to the year 1848, but, according to M. de Renzi, proved no impediment whatever to the prevalence of tuberculosis.—*N. Y. Med. Journal.*

THE INFLUENCE OF FATIGUE ON THE DEVELOPMENT OF MICROBAL DISEASES.

A recent number of the *Revue Scientifique* contains an interesting note on the influence of fatigue in favoring the evolution of infectious diseases. Fatigue has always been looked upon as a secondary factor of importance, though the matter had never been tested experimentally. Messrs. Charrin and Roger have endeavored to demonstrate the effect of fatigue by observations on animals, and the results they obtained are curious and possibly instructive. Some white rats were put into a rotary cage and made to run during seven hours daily. After four days of this work—equal to about ten miles—eight of the tired out animals were inoculated with attenuated anthrax virus, along with four animals not thus fatigued. The result was that seven of the eight died, while all of the second series survived. These observations enable us to understand why under certain circumstances epidemics of typhoid fever, etc., spread with such readiness among soldiers on campaign. It can hardly be doubted

that many men succumb when fatigued who would otherwise have been proof against infection.—*Medical Press and Circular.*

THE FAMILY PHYSICIAN.

The *Times-Register* comes very close to the truth when it says: "The family physician is chosen, even among the more educated, on account of the church or lodge to which he belongs, the street on which he lives, the society in which he moves, according to the cut of his beard, or some other agreeable physical characteristic, rather than because of any particular skill as a physician or attainments as a scholar and a man of broad culture. We have known, with excellent practice among intelligent physicians, those who said, 'I done, I seen,' and 'them' for 'those.' Indeed, there is a more or less popular notion that physicians are born, that the medical curriculum, with its requisite degree, is only a legal form, simply to keep everybody from practising the healing art, and that boorishness of behavior, negligence in dress, solecisms of speech, and looseness of morals are only the natural concomitants of innate genius. Beneath these trifling accidents lies the finished physician."—*Southern California Practitioner.*

MONTHLY REPORT OF SURGEON IN CHIEF OF THE PRESBYTERIAN EYE, EAR AND THROAT CHARITY HOSPITAL, FEBRUARY, 1890.

The work of the Hospital has been very active during the month just closed. So far, from January 1st, 1890, 1,894 new cases have been entered upon the hospital books, of which 826 were for the month of February. These exhibited every variety of eye, ear and throat diseases. They paid during the month 2,896 visits to the Free Dispensary, making an average of 120 patients treated at the hospital for each working-day in February. This is the largest number for each day of the month that the Dispensary has ever recorded. The largest number on any one day was 177. During the month of February 101 surgical operations have been performed on the eyes, ears and throats of patients. Of these 14 were for for cataract, 8 had enlarged tonsils removed, 7 crossed eyes in children have been made straight, 2 artificial pupils were made and 4 tear-drop cases corrected.

The Hospital is working satisfactorily in every department.

JULIAN J. CHISOLM, M. D.,
Surgeon in Chief.

INJECTIONS IN ACUTE GONORRHŒA.

Dr. L. Friedheim, assistant in the clinic of Professor Neisser at Breslau, who has made a large number of observations with several drugs, such as zinc, lead, bismuth, tannin, various preparations of mercury, permanganate of potash, creolin, etc., to test their astringent effect as well as their capacity for destroying gonococci, is equally dissatisfied with all the usual drugs. They all had either no permanent effects in destroying gonococci, or they irritated the mucous membrane to such an extent that their administration had to be stopped. Nitrate of silver alone acted quite satisfactorily. The author reports on 318 cases treated with this drug, 237 of which proved its anti-bacterial effect satisfactorily. Unfavorable results were chiefly obtained with out-patients who lived in unsatisfactory circumstances. The following is the *modus operandi* in Professor Neisser's clinic:—Every acute gonorrhœa is treated with an injection of nitrate of silver of the strength of from 1 in 4000 to 1 in 2000. The discharge generally increases at first, becoming thicker and more purulent, but very soon decreases and becomes thinner, whiter, and more epithelial. The gonococci decrease in a remarkably short time, and sometimes entirely disappear in a few days. The injections are first administered from four to six times a day, and are then reduced to one or two in the twenty-four hours, when at the same time a mild astringent like zinc or boracic acid is injected; but even after entire cessation of the discharge, the nitrate of silver is still injected once a

day for many weeks. The proper regimen must be followed for an equally long time. The injections are administered even when complications occur, especially epididymitis.—*Lancet*.

THE "DOUBLE CYANIDE."

A short time after Sir Joseph Lister introduced as a new antiseptic a "double cyanide of mercury and zinc," questions upon its composition were raised. These induced Professor Dunstan and Mr. Bloch to undertake further investigations at the Research Laboratory of the Pharmaceutical Society. There results were brought before a meeting of the Society on the 12th inst. From the experiments Professor Dunstan concluded that there could be no doubt that a double cyanide, with the formula $ZnHg(CN)_4$, cannot exist. He found that while the greater part of the mercuric cyanide was evidently in a free state, and could therefore easily be dissolved by cold water, a smaller part was not thus removed, in spite of the solubility of mercuric cyanide. To determine the precise nature of this smaller proportion was the object of his inquiry. Is it (1) chemically combined as a double cyanide? or (2) as a compound of hydroxycyanide with zinc cyanide? or (3) as a compound of zinc hydrate (or hydroxycyanide)? or (4) is it merely *occluded* by particles of zinc cyanide during precipitation, so that in consequence of a protective coating of insoluble zinc cyanide the water is unable to come into contact with the mercuric cyanide? Of these four hypotheses the last was the only one which stood the test of experimental verification. It may be observed that Professor Dunstan uses the term *occluded* in its strictly etymological sense. It was shown in the course of the paper that the amount of occluded mercuric cyanide contained in the material mainly depended upon the quantity of water in which the reacting compounds were dissolved. By increasing the quantity of water the occluded mercuric cyanide will be reduced to a very small amount, but by diminishing the quantityof the water as far as possible the amount of occluded mercuric cyanide may be raised to about 36 per cent. In the course of the subsequent discussion, Sir Joseph Lister laid stress upon this fact, remarking that it was very important that it should be pointed out in order that manufacturers might be uniform in their action in this respect, and that they might not have one man using a pint of water and another only a quarter of a pint; because that would alter not only the quantity, but also the quality of the product.—*Lancet*.

Medical Items.

The Italian Government is taking steps for the suppression of quackery.

Several cases of small-pox have been reported in Meriden, Connecticut.

The Italian Government is enforcing the law to disinfect railway carriages.

Dr. Wm. Warren Potter of Buffalo has been elected president of the New York State Medical Society.

The French Minister of War has interdicted the medical officers from practising hypnotism in the Army.

Der Kinderarzt is the name of a new monthly periodical to be published by Heuser of Leipzig and Berlin, and to be edited by Dr. Sonnenberger.

Dr. Charles S. Wood, who was recently elected President of the New York County Medical Association for a second term, died February 1st of Bright's disease.

A bill exempting phvsician from personal taxation is before the Legislature of Mississippi. It meets with much opposition on the ground of class legislation.

The Centralblatt für Nervenheilkunde has ceased to exist, the cause of its death being the retirement of the editor, Dr. Erlenmeyer.

The Clinical Register is the name of a new monthly journal devoted to practical medicine, surgery, new preparations etc., and published at Knoxville Tenn. with Dr. R. M. C. Hill as editor and publisher.

The private lecturer, Dr. Wilhelm Kirchner, a pupil of the late Professor Freiherr von Tröltsch, has been appointed to succeed him in the chair of Otiatrics in the University of Würzburg.

Some one, who wishes his name to be unknown, has signified his intention to give a half million dollars to found a convalescents' home, to be connected with the general hospitals of London.

The will of John Jacob Astor bequeaths $100,000 to St. Luke's Hospital, and an equal sum to the New York Cancer Hospital; while the Astor Library gets $450,000

The call issued by the medical schools of this city for all the medical schools of the country to send delegates to Nashville in May to consider the subject of Medical Education, is receiving wide notice by all the journals of this country.

Dr. Samuel J. Legget of Philadelphia has brought suit with some show of justice against a druggist in that city for refusing to put up a properly written prescription, on the plea that it was a poison, the druggist having told all this to the patient.

A cablegram states that much indignation has been aroused in the two hnndred American medical graduates in Berlin, because the authorities at the university have determined not to recognize as valid any diplomas issued by medical colleges in the United States.

A telegram announces that Dr. Wm. C. Lane, of Mercersburg, died last Tuesday aged sixty five years, after a short illness, which followed an attack of the grip. He was one of the ablest physicians in Southern Pennsylvania; a local historian of wide repute: a veteran of the late war, and brother of Dr. Samuel G. Lane, who died last summer.

The nineteenth Congress of the German Surgical Society will be held at Berlin on April 9th to 12th. Among the subjects down for discussion are "Ether and Chloroform Narcosis," which will be introduced by Dr. Kappeler, of Münsterlingen, and "The Treatment of Joint and Burrowing Abscesses with Injections of Iodoform,', by Dr. Bruns, of Tübingen.

With the wish to encourage physiological research, a member of the American Physiological Society has offered two hundred and fifty dollars for the best research or researches bearing on the subject stated below, viz:

"The regeneration of severed spinal nerves in mammals, including man, with special reference (1) to the reunion and return of function in such severed nerves, without degeneration of the distal portion; (2) to the possibility of union with return of function between the central portion of any one spinal nerve and the distal portion of any other (*e. g* the central portion of the ulnar with the distal portion of the median)"

Conclusions to be supported, so far as possible, by histological as well as physiological evidence. The competition is limited to residents of North America, and the prize will be awarded for original work done after January 1, 1890.

The award will be made by those persons who on October 1, 1891, constitute the Council of the American Physiological Society. In making its award, the Council will take into consideration researches of which printed or legibly written accounts, marked on the outside "Nerve Physiology Prize," have been received by the then Secretary of the Society before October 1, 1891. Previous publication will not debar a research from the competition, provided the work has been done after Jannary 1, 1890. The Council reserves the following rights: to withhold the prize if, in its opinion, no research presented is sufficiently worthy; to award only a part of the prize if, in its belief, a research, though meritorious, does not deserve the whole; to divide the prize between two or more candidates in ratios which seem to it just; and if it think it desirable, to require a competitor to demonstrate his experiments and histological preparations to a committee appointed by the Council. For the present, communications concerning prize should be addressed to

H. NEWELL MARTIN, SEC'Y,
Johns Hopkins University, Baltimore, Md.
February 10, 1890.

Original Articles.

LEPROSY, WITH REPORT OF A CASE.

BY ROBERT HOFFMAN, M. D.,
OF BALTIMORE.

Although leprosy is a disease which even now occurs in many countries, and often as an epidemic, still cases are so seldom seen here that it will likely be of interest to report a case which I saw in 1883 at Professor Gerhardt's clinic at Würzburg. Before, however, saying more on this case, it would be well to preface these remarks with some general observations on this disease.

History.—Leprosy is a disease, a knowledge of which is not of such great importance to the clinician and practising physician, since it is so rarely observed, still it is always necessary to know it, especially as it presents, historically considered, one of the most interesting forms of disease. We find it mentioned as early as in the books of Moses, and this is the oldest record we have of it. Occurring only now and then in ancient times, it was little known, but it extended later, to Rome and Greece, and between the twelfth and fifteenth centuries it had spread over the whole of Europe. In the sixteenth century, it was gradually lost and we may say that since about three hundred years it has almost entirely disappeared. For several centuries it was a plague to humanity and appeared in such violence that for lepers especial houses were built, with separate attendance. I prefer to call this disease simply leprosy instead of elephantiasis Græcorum, leontiasis, etc. The leper was exposed to the most violent attacks and was not even in his own house safe from the watchers, who dragged him away from the people to his quarters. Leper houses formerly existed in every city, and even in the villages in Germany, and we find traces of it in the so-called "infirmaries" which were nothing else than former leper houses under another name.

Now leprosy prevails in Japan, China, Africa, Brazil, Sandwich Islands and in Europe, in a large part of Russia, especially in the Baltic Provinces, and in Scandinavia, especially in the province of Bergen. In this latter region it is so prevalent that Hebra and Virchow went there to study the disease. Further, it is found on the Riviera and in Dalmatia. It has entirely disappeared from Germany, England, France and the United States, and only appears in these countries when brought there from elsewhere. The case to be described here was brought from Sumatra, and it occurrence at this time points to its appearance especially on the coast, and gives ground for the suspicion that its origin has some connection with the consumption of spoilt fish, of which I shall say more later.

As above stated, leprosy at the beginning of the sixteenth century began to disappear from Germany, England and France, and to give way to the advances of civilization. A few observers believe, indeed, that syphilis was the degenerated daughter of leprosy, because at the time of its disappearance syphilis began to appear. At any rate it is certain that both diseases may be combined, as was the case with my patient; still the hypothesis that leprosy has been transformed into syphilis receives few supporters at the present day. The two Norwegian investigators Danielsson and Bœck were the first to give more exact information on the existence of leprosy, and described it as an individual disease, as also the more recent investigations by the discovery of the specific organism of leprosy have given further support to this view.

Etiology.—For a long time investigations as to the etiology of leprosy have been zealously made, and the most varied causes have been suggested. As it occurs most frequently on the coast, its origin was attributed to climatic influences causing the disease. For this same reason it was supposed that it was caused by eating decayed fish, and this opinion has some foundation. Indeed, my patient said that when he served as

soldier at Sumatra his subsistence consisted of much rice and fish, especially the so-called devil fish; and I have no doubt that in view of his circumstances there, these fish were not always fresh. There is much to favor this hypothesis, for the existence of a certain disease in fish has been suspected and sought for, but as yet without decided results, although these investigations are still being carried on.

That the origin of leprosy from a diet of decayed fish has already been suspected is shown by the following facts. In the third volume of a treatise on Syphilis by Dr. Frederick T. Behren, Berlin, 1862, the author says that a certain Norwegian, a Dr. Hjort, considering the checking of the spread of leprosy, demanded of the government to supervise the sale of foodstuffs, and especially to see that no decayed fish were brought to the markets. Uncleanliness plays an important part in the causation of leprosy, and as proof for this may be brought forward the assertion that this disease has yielded and must yield to the advances of civilization, as is especially the case in the past centuries in Germany, France and England. We see on the one hand the uncleanliness, the misery of the middle ages, and the prevailing leprosy, and on the other hand the high state of civilization, and with it the disappearance of leprosy. All these cited points should have weight in the origin of leprosy, but the more recent investigations have shown that they have been considered as matters of little importance, which help along an outbreak of leprosy, but cannot cause it.

We know certainly now that leprosy is an infectious disease, for it is directly transmissible, according to some authors, and only by inheritance, according to others. It most frequently occurs between the fifteenth and twentieth year, that is, at puberty, just as tuberculosis, whether hereditary or acquired. Formerly leprosy was thought to be contagious, and for this reason there was the most inconsiderate action against leprosy. Later, there came a time when its contagiousness was denied, and some still doubt it. The people from time immemorial looked on leprosy as a contagious disease, and at all events it cannot be denied but that popular opinion is very often right. Then phthisis was long ago considered contagious by the people, although science only expressed her opinion very recently by the epoch-making discovery of the tubercle bacilli by Robert Koch, in Berlin. Thus it was with leprosy.

Although the opinion was formerly now and then expressed that the cause of leprosy was of parasitic nature, Hansen was the first to discover and accurately describe the specific organism of leprosy, the bacillus leprosus which is found in the nodular neoplasms. This was confirmed later by Neisser and many others. Leprosy, then, in consequence of this discovery is to be considered in the strictest sense of the word a contagious disease, although of chronic duration. With this discovery the former opinions that different forms of leprosy are different diseases was dismissed, and on the contrary, that different forms of leprosy represented a single disease was confirmed by finding the organism.

There are, as is known, contagious diseases, for whose transmission to a healthy individual only a short period of contact or proximity is necessary, as in measles, scarlet fever, etc. On the other hand, some contagious diseases require a long time and close contact, and to the latter class belong phthisis and leprosy. It is clear that we cannot get phthisis by spending a short time in the presence of a phthisical patient; indeed one may stay a long time with a phthisical individual without becoming infected, for it is well known that nurses and attendants rarely get phthisis, even when they attend for years on such patients. It is only the closest and most constant intimacy in phthisis that can transmit the disease; such an intimacy, for example, as exists between husband and wife; for it is not uncommon to observe a healthy woman after a year or two of married life become phthisical from her consumptive husband, or the reverse. It is probable that leprosy acts in the same way.

Rindfleisch is of the opinion that

leprosy can be directly transmitted, and that a healthy individual may be infected by simply coming in contact with a leper. He explains it by saying that the little bacillus leprosus, the smallest bacillus that we know, passes from the skin through the sheath of the root of the hair into the body. Rindfleisch demonstrated to me several years ago a preparation which showed a longitudinal section through the sheath of a hair root within which every part the specific bacillus leprosus was to be found. It is worth noting in connection with this opinion that in connection with my case which came into frequent contact with physicians, students and nurses, and which I myself often examined, no further signs of contagion could be found.

As for investigations on animals, opinions and statements differ so widely that it is difficult to get the truth. While Baumgarten, Melcher, Ortman and others considered it fixed that the disease could be inoculated on rabbits; others, as Thin, Campana, Schottelius, have had negative results here. The possibility of inoculation from man to man seems to have been completely confirmed by the case reported by Gairdner and the investigations of Arning. Gairdner notes the following case. In a region where leprosy is endemic a physician inoculated his own child from the arm of a child apparently healthy. From the pustule on his child's arm he inoculated another person. The boy from whom the first lymph was taken later developed leprosy, also the son of the physician, and the one who was last inoculated. One would think that human feeling would prevent inoculation experiments on human beings, but Arning had the opportunity in the Sandwich Islands to inoculate a condemned criminal, and he got a decidedly positive result.

From Arming's report at the First Congress of the German Dermatologcal Society at Prague. in 1889, I quote the following, on this exceedingly interesting case. The inoculation was done in 1884 on the Sandwich Islands, on a condemned murderer, who at the time of the inoculation was entirely healthy and had no hereditary taint, and who had been kept for several years in a well ventilated prison apart and with good diet. From a nine-year old girl suffering with leprosa tuberculosa, skin punctures were made into the person at various parts of the body and pus and matter were rubbed in. In four weeks fever and swelling of the left elbow developed, which in four months extended to the other joints and continued for five months. In addition there were swelling of the median and ulnar nerves. In the course of a year, one arm was entirely leprous. We may suppose that the bacillus leprosus first causes a local and then a general inflammation over the whole body. The leper has the poison in him and has a certain disposition for the outbreak of the disease since the disease causes an irritation which can be set free by climatic influences. Cloudy, damp and moist air of the sea shore causes a sudden out-break of this disease in those regions. It is especially in these regions that fishermen and sailors who cannot protect their face and hands from the weather that are especially attacked by leprosy. In the face the most prominent parts are affected as the nose, ears, lips, back of the hands and frontal prominences that so easily freeze. If the bacillus has been in the organism a long time, the most varied characteristic forms of leprosy are developed.

(*to be continued.*)

NOTES ON THE USE OF STATIC ELECTRICITY IN GENERAL PRACTICE.*

BY ANDREW GRAYDON, M. D.,
OF PHILADELPHIA.

To answer the many inquiries that come to me as to the results obtainable from this agent I present this paper. Living as we are in this age of discovery, when new drugs and operations are being

* Read before the Philadelphia County Medical Society, Jan. 22, 1890.

brought to our notice, we are prone to overlook the older forces.

It is on one of these latter that I am to address you. It is a powerful auxiliary in the practice of medicine, and has been used for a number of years, but never in its present reliable form.

Much of the disrepute into which this form of electricity has fallen has been due to the unreliable form of the instrument with which we had to work. Changes of seasons, humid atmospheres, location of offices, lack of proper appliances, expensive outfits, have all tended to create in the physician's mind a distrust, or a disinclination to investigate by practical experience the merits of this agent. All these objections, to a very large extent, have been done away with in the Waite and Bartlett machine.

I have no theories to advance in this paper, simply giving what I have demonstrated. And I want to say at the outset that I was driven to the use of electricity because I could get results from it not to be had from other modes of treatment.

It is a fundamental truth that prejudice should never be allowed to stand in the way of progress; that no student should be hindered in his research after positive forces by the existence of a bias in the opinions of his fellows. The rules that bind the physician to his work should not be arbitrary. Results sought for come along different lines, but they bring up at the same point. We are working primarily for curative ends; must we all tramp in the same ruts, or over the same foot-worn paths? Are there no roads to success but those laid out by other faithful workers? Certainly our medical training and experience have taught us that different ones are achieving success, but not by the same methods.

And now, in this matter of electricity, why is it that you will not allow these principles to have free play? Is it not a fact that the whole use of it has been handed over as the legitimate field for irregulars and quacks, and that when a physician in the fold does begin to use it, and use it as you would any valuable agent, medicine, or instrument, he is looked upon with, at least, suspicion?

Is it not so that the profession, as it is now beginning to use it a little, handle it, as it were, with gloves on, lest it soil its hands with the unhallowed dirt of bygone empiricism? I protest that this is not the spirit of fairness and equity, nor should it be that of the nineteenth century. In the face of this prejudice in the ranks of my profession I have followed the leadings of my inquiries, and what I have found is only that which any student and worker may. In these days when the spirit of progress is rife, and medicine is getting to be more and more scientific, when its followers are not satisfied with mere statements but demand proof, I protest against this prejudice, which hinders many from leaving the iron-bound environments laid down in the spirit of the past, intolerant and arrogant, to prove for themselves. There seems to be a fear in the minds of many, a dread, that to be known as one that works with electricity necessarily names them before the profession and public as electricians (and is the profession entirely blameless of encouraging the idea?) Is a physician, therefore, a hydropathist because he may perchance, at times, order baths? Is he to be called a Thompsonian because vegetable drugs are found to be prescribed by him; or a homœopath in his ideas because he uses some of his remedies in granular form?

Cannot the general practitioner take advantage of the evolution that is going on around about him without having a sneering opprobrium given him? Are not some of the "foremost specialists" in Europe "men of large family practice?" and would you question their ability to diagnose a fibroma, and treat it by whatsoever means they elect, perhaps by electricity, or must they send their patient to a specialist pure and simple, who may not be able to write a prescription for an ordinary bronchitis?

It is time for physicians to break the thraldom and vindictiveness of the past, and encourage all workers who labor along various lines, as long as they follow truth and science, even if they do not run parallel with moss-grown principles.

I have been in society meetings when the mention of electricity roused a spirit of opposition only equalled in the fierce animal at the sight of red. Or, if not that, it is one of disbelief and contempt. Now this ought not to be. I do not make any extravagant claims for this agent. There is much we do not attempt to do with it; on the other hand, it can be proven to the fair and honest mind that there is a great deal it *will* accomplish, and that painlessly and surely; and that too in conditions where no curative agent obtains.

One of the first advantages that makes itself felt to the worker with the static current is the fact that no disrobing or removal of any clothing is necessary. A lady can be treated, the current applied as directly to the part to be affected through the seal-skin coat as her dressing gown. This is an important item to the busy physician and the modest female. It is not necessary to remove rubber overshoes even to receive the full benefit of an application. You can see how this applies when the patient is treated with the "static insulation," or, as it may well be called, the static bath. Effects equally good are obtained by this method as in "general galvanization," or "general faradization," and with infinitely less trouble and exposure; since, in the latter two forms, almost complete uncovering of the body is essential, while in the first none. Let me explain what is meant by static bath or insulation: A patient sits upon an insulated platform connected by a chain or wire to either pole of the machine, we will say the positive. The negative is joined through another chain to the floor, if uncarpeted, or to the gas-pipe, and thus grounded. The poles of the machine, sliding rods, are then separated widely, and the wheels, glass plates, I should say, are set in motion by means of handpower, electric, or water-motor. The patient, thus placed, is being charged with positive electricity. According to the conditions of the atmosphere the manifestations of the presence of the current is very apparent; for instance, the hair, unless oiled, stands on end, a tingling is felt throughout the body; more so in those parts unclothed. A séance of this kind, if kept up for ten or fifteen minutes, produces active perspiration.

In neurasthenic patients, in those whose avocations demand large inroads upon their nerve-force, consumption of it being greater than its generation, I have seen speedy and lasting results follow this mode alone, or combined, if indicated, with a spark, direct or indirect. I would not decry "general galvanization" or "general faradization"—they are very valuable methods of treatment, for which we are indebted to Drs. Beard and Rockwell, but in the matter or convenience and speedy results I prefer "static insulation" in a large number of cases. Then, too, it can readily be seen how a series of platforms can be arranged and connected, upon which a number of cases can be treated at the same time, to the saving of much time.

There is a sense of exhilaration following this process which is appreciated and remarked upon by the patient, that I have never seen from other forms. Dr. Morton, of New York, explains the results produced through the law of inhibition, remote parts affected by "polarizing the peripheral distribution of the sensory nerves."

While your patient is insulated the spark can be used by attaching the proper electrode. By using a wooden one, in shape of a point or ball, a very agreeable effect is produced, giving the sensation as of a shower of sand being driven gently against the body, or that of a stream of air. This either through the clothing or on the uncovered skin. These wooden electrodes I also use about the head and face, concentrating the action of the current over regions of the brain and organs of special sense, with good and never bad results. I have applied this form of electrode to eyes with deep-seated burning, boring pain, occasioned through nerve-tire from any cause, and obtained prompt and positive relief at one sitting.

As a pain reducer I have never seen static electricity equalled in a single agent. Let me illustrate by a case, trifling it may seem to you and me, but it was a condition which I was called

upon to treat or turn away from as unworthy of notice. A young lady presented herself apologetically, in my office, with a bunion that crippled her. As she was a society girl, and very fond of dancing, it was a great annoyance to her. This trifling, little, insignificant bunion put a check on her pleasure. I was brought to see the fact, as it often happens in our practice, that what is almost contemptible in its littleness, enables us to get the confidence of the patient in graver matters. So it hap pened in this case. I insulated the lady, and without removing the shoe during treatment, drew with the wooden ball electrode a fine spray of current directly from the painful spot. The application was pleasant, and followed by immediate relief, which was complete after four or five sittings.

Again, a lady, in running for a street car, fell upon her knee. She came into my office about three hours after it happened, with knee swollen, stiff, and painful. Through all the thickness of her clothing the same mode of application removed all pain.

A case of lumbago was given two treatments on consecutive evenings with the metal ball, sparks half an inch long, with the same happy results.

Cases of neuralgic type yield to the spark applied over the painful area. Headaches, not dependent upon stomach derangements, show results that are marvellous. In these, and brain affections generally, the treatment is by the douche and brush ; and sometimes the wooden ball and point. I have seen cases, without number, of nervous head-aches, in which the drain upon the nerve-forces has been enormous, in the merchant, physician, lawyer, actor, student, housewife, in male and female, yield promptly to this treatment.

In that class of senile headaches which defy routine treatment the results are most happy.

With cerebral hyperæmia I have had the best of effects. Stimulating the vaso-motors, it sweeps on the stagnant current, and equalizes the circulation, thus relieving the pain and pressure. A case in point will illustrate the treatment of this class of cases :

Mrs. J., has been suffering from chronic cerebral meningitis for six or seven years. During this period she has been treated by the best men in the city. Everything that routine treatment could devise was used. Counter-irritation of every degree of severity was applied, until, as she says, "they told me there was nothing else to be done, and I must suffer all my remaining life." About three years ago she was put upon the static current against the wishes of her physician, who opposed electrical treatment. It is the only treatment that has ever given any alleviation from, and moreover lengthened the intervals between, the agonizing headaches consequent upon the congestive condition, amounting to a mild delirium. Very true, it is only palliative, but before she did not have even *that*. When the treatments are neglected for any length of time, she has a frightful attack of congestive headache.

The modus operandi in her case is to insulate her, and with a wire brush connected with a chain to one pole of the machine, the platform upon which she sits to the other pole. The current is drawn from directly over the painful areas, not, however, allowing her to feel it, as the current is not broken, since the operator puts himself in the circuit. I supplement this with a douche.

As I say, I have found this treatment very satisfactory.

In the matter of difference of poles I have seen pain relieved in head affections with the positive current and irritated by the negative, and *vice versâ*. Each patient having a rule of its own governing the application. This effect of polarity I have only seen in the above-mentioned class of ailments, not elsewhere.

We can also derive from the static induced the benefits of the faradic current, with the additional advantage of a "fixed polarity and direction, and greater electro-motor force," less pain in application, and convenience in use. Powerful muscular contractions are obtained by the spark, the effect of which blow is not limited to the immediate part subjected to it, for the reflexes are deeply and widely stirred, and, as Dr. Morton puts

it, we get "simple mechanical disturbances followed by a local alteration of nutrition, and reflex action from the irritation of the peripheral distribution of nerves."

The following are the deductions I would present in concluding this paper.

1. Static electricity is a safe and reliable agent in the general practice of medicine. I do not mean no say that its reliability is of such a nature that its environments are to be neglected. For example, the office in which the instrument stands must not have any dampness about it. That state of perfection has not yet been reached that will give a static current at all times in an office so damp that the paper will not stick to its walls, A wooden case can hardly be made which will not absorb some moisture in an atmosphere like that. In placing a machine I should see that there was no wet cellar under it, if the office be on the first floor; when the room is on the second it is not so material.

2. This treatment can be applied pleasantly and with benefit to patients, and at times when the galvanic and faradic cannot be used.

3. In "static insulation" we get results only attainable from "general galvanization" and "general faradization," without the expense of time, trouble and exposure—and frequently, too, after both those forms have failed.

4. In many forms of pain prompt and permanent relief follows its application, such as is unequalled by other agents.

5. As a tonic in systems overwrought, overdrawn, mental grip slipping away, it performs a very important part. The readiness with which it can be applied, and the good results obtainable, prompt me to make use of its properties frequently.

6. In various forms of headaches its effects are uniformly good. It is a common remark to hear from patients, "I can feel the pain being lifted, the heaviness going," or similar expressions indicative of appreciable relief.

7. In the treatment of insomnia the use of the douche is effective, a feeling of drowsiness making itself felt during its application.

8. In treatment about the head I have found a difference in the effect between the positive and negative poles, not elsewhere.

9. The benefit of the faradic current is obtained from the static inducer.

10. Growth of hair, I have observed, has been promoted, and the falling out of it stopped in some of my cases of head pain.

Dr. Carpenter and Dr. Ranney both report remarkable changes in the appearance of so called "ivory spots," or alopecia areata. Cases of eczema have also been reported by observers treated and cured by the spark.

I add the following from Dr. Ranney: "I have found heavy static sparks surpass any other form of electrical application for the relief of contracted muscles. Post-paralytic contractures, old deformities from præternaturally shortened muscles often yield like magic to the influence of heavy sparks. I know of no other agent which exerts so marked an effect of a happy kind upon the 'lightning pain' observed in locomotor ataxia as do the heavy static sparks."

Other indications have been met successfully by this agent and reported by other observers.

Enough has been said and more can be added to satisfy any inquiring mind that in static electricity we have a force that has earned for itself a place in the armamentarium of the physician in his search for relief-giving agents.

SOME NEW USES OF ELECTRICITY.

BY JAMES BILLINGSLEA, M. D.,
OF BALTIMORE.

It seems to me to be quite opportune to follow the very able article of Professor Preston in the MARYLAND MEDICAL JOURNAL of March 1st, with some uses of electricity that as far as I am aware have not yet been published, or at least are not well known to the general practitioner. While not claiming originality for any of them, I have carefully investi-

gated the details of procedure, and upon that is success largely dependent.

The radical cure of hernia has been a subject of investigation and experiment for a year; and I am pleased to announce that it bids fair to be successful in a large number of cases. The method is, if the hernia is reducible, first reduce it. Secondly, use the positive, sponge or chamois covered electrode on the sac, and the negative similarly covered, but smaller, around the ring, with a current of from 50 to 150 milliampères and from 5 to 10 minutes. Now use the faradic current of high tension (long fine wire on secondary coil and rapid interruption) moderate strength; electrodes in same position for 5 minutes. This should be done every day for a month, unless there should be much tenderness around the ring; in that event stop for a few days, then use it every other day until the rupture can be retained without a truss. Every other day during the entire treatment, in addition to the above, I use the combined galvanic and faradic current, with positive over the lumbar plexus and negative over and around the ring. If the hernia is irreducible the galvanic current, positive on the hernia and negative around the ring and over adherent parts, with current of from 20 to 50 milliampères and 20 to 30 minutes duration, will soon render it reducible, then proceed as above. A truss should be worn until the hernia will stay up without it. The time required for cure is six weeks to six months. The theory of action is that in the irreducible form the milder galvanic current absorbs or breaks up by electrolysis the adhesions, and then the stronger galvanic current sets up a mild adhesive inflammation around the ring and occludes it. The faradic current causes contraction of the stretched, weakened and partly paralyzed tendons around the ring, and the combined current stimulates the trophic cells in the spinal cord and increases the nutrition of the parts.

The deposit following pelvic cellulitis may be absorbed by the galvanic current, and some very good results obtained by the use of the positive electrode of large size over the spine, and the negative, chamois covered small ball electrode in the vagina pressed well up against and in front of the deposit with a current of 30 to 50 milliampères from 5 to 10 minutes; or with the positive pole on the abdomen and the negative behind the deposit. In using the higher strength mentioned, the negative electrode should not be held in *one* place more than *one* minute for fear of causing cauterization of the vagina. In these cases we get some of the polar effect, but it is mostly the inter-polar effect on which we must rely, and while it is not so powerful as if we could puncture the mass and get the direct polar effect, it is much more safe, and usually answers quite well. An antiseptic vaginal injection should proceed and follow its use each time, and it should be used every day, or at least every other day.

In hydrocele, the introduction of two gold needles, insulated to within a quarter of an inch of the point, and their points approximated to within an inch of each other, each attached to a pole of a galvanic battery and a current of 5 to 10 milliampères allowed to pass for 5 minutes, will cause adhesive inflammation and occlusion of the sac. It is a safe and not painful procedure and gives good result. In hæmorrhoids, the same gold needle attached to the positive pole and using a large negative at some indifferent point, a current strength of 3 to 5 milliampères for 3 minutes will coagulate the blood in the tumor and thus cause its subsequent absorption and cure. It is better in operating on a pile tumor to surround and press around it with a ring to stop the blood from circulating while the needle is in it, and thus avoid the possibility of a small clot being carried into the circulation. In fistulæ the negative galvanic current with an ordinary probe for its active electrode, introduced through the fistula and with a large positive at an indifferent point, a strength of 10 to 20 milliampères for 5 minutes, repeated once or twice a week, will cause healing better than a ligature and is not so painful to

the patient. The use of the static spark on inveterate cases of eczema, together with appropriate medical treatment has produced results that the latter alone totally failed to do. I believe Dr. Thos. L. Shearer of this city was the first to discover the last named treatment. I have used it several times with excellent result. I have also used the static spark to relax contracted tendons that were not contracted enough to require cutting. Of course where there is great contraction of large tendons, the latter is more speedy and to be preferred.

15 West Saratoga Street.

Society Reports.

NEW YORK ACADEMY OF MEDICINE. SECTION ON ORTHOPÆDIC SURGERY.

STATED MEETING HELD JANUARY 17th, 1890.

V. P. GIBNEY, M. D., CHAIRMAN.

Dr. W. R. Townsend presented a case of

CONGENITAL TALIPES, RIGHT EQUINO-VARUS, AND LEFT CALCANEO-VALGUS.

The case was of considerable interest on account of its rarity. Mr. Tamplin states that out of 764 cases where the deformity was congenital; there were only 15 in which there was varus of one foot and valgus of the other; and only 19 cases of calcaneus. Dr. Townsend said that this case came to him at the Hospital for Ruptured and Crippled, on December 23rd., when only ten days old. It was the mother's second child, and the labor had been normal; there was no history of club foot in the family. He had already commenced treatment of the right foot, and consequently the deformity was not so marked as when he had first seen the case.

Dr. A. M. Phelps said that this was only the second case of the kind that he had seen; and in connection with it, he desired to present a plaster cast of two feet removed from the womb of the mother after her death at the sixth or seventh month of utero-gestation. It showed equino-varus of the left, and calcaneo-valgus of the right foot, and was an admirable example of the manner in which the deformity had been produced by the pressure of the uterus. There was no history connected with it beyond what had been stated. The original is in Prof. Volkmann's museum at Halle, Germany.

Dr. John Ridlon remarked that the chief interest in this class of cases is connected with the subject of their causation. He had seen only one other case, which was shortly after the publication of Dr. H. W. Berg's paper on this subject. This patient had the same deformity, and in addition, clubbed hands on both sides.

Dr. V. P. Gibney did not think he had seen more than three or four such cases in an experience of eighteen years. He thought that the retarded rotation theory, as explained by Dr. Berg, accounted very well for these cases.

Dr. A. B. Judson said in regard to the foot affected with calcaneus, that although at first sight it appeared to be a severe deformity, it was quite amenable to treatment, and cited a case published by Dr. Churchill of Iowa in support of this assertion, in which he advised simple manipulations, and made an appointment to do a tenotomy one month later. At the end of that time, he was surprised to find that the deformity had entirely disappeared. In another similar case reported by Dr. Prouty, of New Hampshire, the trouble was entirely remedied by the same simple manipulations, so that when the child began to walk, the foot was absolutely normal. A remarkable case had been reported by Dr. Gibney a few ago to the N. Y. Pathological Society, in which the calcaneus was so extreme that the digits had made identations on the anterior part of the leg.

The paper of the evening on

THE OPERATIVE TREATMENT OF TALIPES CALCANEUS, PARALYTIC,

was read by Dr. V. P. Gibney, who exhibited eight patients illustrating the advantages of the operation described in his paper. This operation was that which Mr. Willet of St. Bartholomew's Hospital, published in the St. Bartholomew's Hospital Reports, in 1880. The technique is as follows: A large Y-shaped incision over the posterior aspect of the leg, lower fourth, the stem of the Y ending at the os calcis, the stem itself about one and a half inches in length, while each side of the V-shaped portion is about two and a half inches long. The incision exposes the sheath of the tendon. The V-flap is then dissected, the sheath is opened, and the tendo Achillis raised from its bed by a curved director. A strong catgut ligature is passed through the upper portion of the tendon to serve as a means of preventing retraction after section; and the tendon is cut through obliquely, this section being made as oblique as possible. With the Vulsellum forceps, each end of the tendon is grasped, and the upper portion pulled down towards the os calcis, while the foot is fully extended and the knee slightly flexed.

The tendon is sutured together with catgut, back and forth, with about three or heavy sutures; and the end of the V-flap brought down to the end of the stem, and the edges sutured, taking every alternate stitch through the tendon itself.

The aim is to convert the Y-shaped wound into a V-shaped cicatrix. It is better to use catgut altogether, in order that the wound may not be disturbed for three or four weeks. Dressings, and plaster of Paris, which extends from the toes up to the middle third of the thigh, the knee being flexed to an angle of about 120 degrees, and the foot extended to the full limit, complete the procedure. The operation practised by the reader of the paper differs a little from that of Mr. Willett, in the following particular: Mr. Willett used wire and exsected a portion of the tendon. The wire he used was merely for the fastening the ends of the tendon together. The objections offered to his mode were that the wires cut through the tendon, and that one was in danger of removing too much tendon.

The paper was based upon an analysis of 28 cases operated upon during the past six years. The results showed 17 good, 8 fair, and 3 poor. The term "good" was defined as a useful foot without any relapse after a sufficiently long time; ability also to walk without a brace or support of any kind. "Fair" was defined as a slight stretching of the cicatrix, but not enough to impair the usefulness of the foot. Shoes with the heel raised and a steel tongue are also required to make the gait satisfactory. "Poor" referred to those cases where the cicatrix had stretched and the deformity had relapsed. The general results, however, were very satisfactory. The time elapsing between the operation and the date of last observation was as follows.

From 3 to 12 months	9
From 1 to 2 years	15
From 2 to 3 years	1
From 3 to 4 years	1
5 years	1
6 years	1

16 healed by first intention, 12 by granulation. Of those healing by primary union, 10 were good, 3 fair and 3 poor. Of those healing by granulation, 6 were good, 5 fair, and 1 poor. In those where granulation took place, the tendon sloughed in 3 instances, and a portion was removed through the wound. In no instance was a brace required, but particular attention was given to the building of the boot or shoe. The instructions were to have the heel raised at least one inch, to have a stiff counter, and a leather tongue reinforced by tempered steel. The hopelessness of paralytic calcaneus was discussed at length; the difficulty of correcting the deformity by means of apparatus; the great strain on the spring itself; the frequency of breakages; and the satisfactory results generally.

Dr. Joseph D. Bryant said that he had been especially interested in the

statement regarding the changes which in many cases occur in the length of the new tissues which had been connected by the operation with the tendo Achillis. The subject was of much importance as bearing upon the question of the behavior of cicatricial tissue elsewhere in connection with the repair of deformities of another kind; and although it does not follow that because fibrous tissue in this particular situation retracts after the force has been taken from it, that fibrous tissue will do the same thing elsewhere, the subject becomes of immense practical importance in connection with the recent methods for the radical cure of hernia. If we study the behavior of the cicatricial tissue of burns when put on the stretch, we shall find that it will stretch, but that when released, it will return to its former position, or even become more contracted. Such tissue might properly be compared to rubber, which is tireless, while the tissue concerned in the operation under discussion, might be looked upon as rubber which has become tired.

He would like to know if one of the cases which showed such extreme loss of power, was likely to be benefited by a repetition of the operation.

Dr. C. A. Powers was particularly interested in the subject of tendon suture of the hand and wrist, in which he had had a considerable experience. He had become convinced that careful antiseptic su'ure of these cases with proper rest of the parts, yielded uniformly good results. Primary union seemed to be a requisite for a good functional result in hand and wrist cases; for, when healing took place by granulation, the tendons became caught in the cicatrix and there bound. He would like to know in what proportion of cases the author had secured primary union, and how the result seemed to be modified when healing took place by granulation.

Dr. R. H. Sayre had noticed that some of the patients exhibited were able to move the heel independently of the long flexor of the great toe, and he supposed that as the paralysis had been only partial, the shortening of the tendon had enabled the weakened muscles to act to better advantage. Such cases ought to be much benefited by the persistent use of massage and galvanism, and they present a much more favorable field for operation than those in which the paralysis is absolute; for under such circumstances, shortening of the tendon only results in the formation of an unyielding fibrous cord.

The progress of the deformity when untreated must depend largely upon the amount of damage originally done to the spinal cord. He had seen patients with very marked cavus, who, instead of walking on the bottom of the heel, walked upon the posterior portion, which had in consequence developed an elastic buffer. He had hesitated to interfere, as such cases do not hold out much hope of improvement, and the gait is much better than the appearance of the foot would lead one to suppose was possible.

As regards treatment, he favored the use of a brace similar to the one described by Dr. Gibney, or with an elastic spring to take the place of the gastrocnemius. Such an appliance will give the patient comfort, and enable him to move about with less of a wooden tread.

The results shown in the cases this evening are exceedingly good, but he was surprised at the amount of stretching which the cicatricial tissue had apparently undergone. The usual plea against tenotomy is that the resulting scar tends to contract and reproduce the deformity. This, he thought, was a mistake, for the tissue obtained after a subcutaneous tenotomy is not at all comparable to that obtained in an open wound by the process of granulation. There should be no more secondary contraction after a non-suppurative subcutaneous tenotomy than occurs in tissues after aseptic healing by blood-clot. Whatever elongation has occurred in the cases shown this evening, in all probability took place not in the cicatrice, but in the muscular fibres above, the paralyzed muscle being constantly antagonized by a normal muscle and thus gradually stretched out.

Dr. Ridlon said that one of the patients exhibited had been seen by him last summer, and he had then strongly

favored tenotomy on account of extreme equinus which then existed; but he saw that the foot was now in good position.

In the mechanical treatment of this condition, he had been accustomed to employ the apparatus with the "rubber muscle" at the back; but since Bernard Roth, of London, published the description of his brace for drop-toe with tempered spring at the back of the leg, he had considered that such an instrument having a spring running from the garter line with a steel plate to the ball of the foot, was much better than those ordinarily in use.

Dr. H. W. Berg was inclined to take a gloomy view of these cases of poliomyelitis; yet he did not consider them entirely beyond help from neurological treatment. Were it conclusively proven that the nervous supply of the posterior group of leg muscles for instance is entirely derived from one level of the anterior gray horns in the spinal cord, or from one series of cells in the spinal cord, it is obvious that if these cells had been entirely destroyed, any electrical treatment must of necessity be useless as regards restoring power to the limb. But it has not been proven that the nervous supply is derived in this way, and it is barely possible that a few cells giving rise to fibres of any one nerve have escaped the inflammation. The number of these nerve fibres remaining may be so small as to escape notice in an electrical examination, and yet be sufficient to exert an important influence upon the movements of the foot. Hence, if these healthy nerve fibres and muscle fibres to which they are distributed, be stimulated by a galvanic current, they will take on a vicarious action under the irritation of the galvanic current, and will cause, even in old cases of polio myelitis, as he had frequently observed, a decided improvement in the power to extend the foot. In his experience, fully ninety-five per cent. of the cases had been relieved, although none were cured. He did not think that even the most enthusiastic operators claimed that they did more than relieve their cases. A large number would certainly be benefited by the operation described by Dr. Gibney; but any operation including simply the soft tissues was hardly a philosophical one, and could not be expected to give as good results as one which would fix the bony tissues.

It is evident that in the cases exhibited, the scar tissue has stretched as the children grew older and the weight of the body increased. This result could be postponed, but not averted by furnishing a support for the foot.

Dr. Judson said that the difficulty in walking experienced by these patients was due to their inability to use the anterior part of the foot, so that the toe cannot be pressed forcibly against the ground, and hence they walk very much like one having a peg leg or an amputation of the anterior part of the foot.

It has been stated that the aborigines of this country were in the habit of performing Lisfranc's amputation upon their captives, who were thus able to work in the fields, but were incapable of rapid locomotion towards liberty. A patient affected with talipes calcaneus is in practically the same condition.

The object of the operation described this evening seems to be to restore some of this function of the anterior part of the foot, so that the patient, in walking, can bring the weight first on the heel and then on the toe; but it is not easy to understand how the operation can accomplish this, for it is essential that there be very firm union between the calcaneous and the upper extremity of the tibia along the line of the gastrocnemius. With one exception, the cases exhibited could not put their weight on the toe at the same time that the well foot was raised from the ground; nor is it reasonable to suppose that they will retain for any great length of time the slight connection between these parts. He was inclined to think that a cicatrix resulting from primary union was less liable to contract than one which occurs after a long process of granulation. It is difficult to over-estimate the strain which falls on the tendo Achillis. The great mass of the muscles of the calf gives an indication of this force. The foot may be considered as a lever of the second class, the fulcrum being at the

toe, the weight at the ankle and the power at the heel. The long and short arms of the lever are represented respectively by the portions between the ankle and toe, and the ankle and the heel, and the strain produced by the weight of the body is thus multiplied as it falls on the tendo Achillis.

He thought that much could be done for these patients by mechanical treatment, and the object of his brace was to transfer some of the weight of the body to the anterior part of the foot. In the brace formerly described by him, there was a joint at the ankle to arrest motion at a right angle; but the brace has been rendered much more durable and equally efficient by the omission of the joint in the present instrument. The weight which naturally comes on the plantar surface of the anterior part of the foot in a well person, with this apparatus comes upon the anterior part of the upper portion of the tibia in the neighborhood of its tubercle; so that the patient first strikes the heel, and then puts the weight upon the anterior part of the leg in its upper portion, thereby decidedly improving the gait. The sensation is very much like that of kneeling, for the weight, instead of coming on the ball of the foot, as in the healthy person, comes on that part of the tibia which takes the weight when in the kneeling posture.

These cases cannot, of course, be cured by the use of such apparatus; but adult patients are often very glad to wear a simple and durable apparatus which improves the gait.

Dr. Judson remarked that Dr. C. Fayette Taylor had once said that one reason for the muscular degeneration which occurs in these cases, is that the weakened and half paralyzed muscles being compelled to endure such an enormous strain, yield at once; but if they are relieved, by means of an apparatus, of some of this duty, they are less likely to undego such degeneration, and therefore the chances are better for ultimate improvement.

Dr. Frederick Peterson agreed with the reader of the paper regarding the uselessness practically of the galvanic and faradic currents in these old cases; for he did not believe that the current could restore destroyed muscle fibre or degenerated nerve fibres or cells.

Dr. H. L. Taylor said that in considering tenotomy, one must remember that in most cases, not only the muscle but the tendon itself is atrophied, so that it is at times a mere thread. These cases of calcaneus are exceedingly difficult to treat, and any real advance will be very welcome; but he considered that the mechanical treatment was fairly satisfactory as a palliative measure. We can retain the foot in a position of election for an indefinite period, and improve locomotion by enabling the patient to transfer the weight from the heel to the ball, not of course through the tendo Achillis, but by impinging on the upper end of the tibia by means of an apparatus.

He wished to lay emphasis on the statement that calcaneus could usually be prevented from developing, when these paralytic cases were seen sufficiently early. The foot could be held with absolute precision; and although he had followed for a considerable time, cases of paralysis of the posterior tibial muscles, he could not recall a single one in which calcaneus had developed under proper mechanical treatment.

Dr. Phelps said that in cases of flail foot with absolute paralysis, he was accustomed to do an excision, or a Pirogoff's amputation, which is a safe operation providing firm anchylosis can be secured. Unfortunately this is not always obtainable in children. When the tendon unites primarily, union takes place by blood-clot, and the result is not cicatricial tissue but a reproduction of the tendon; and therefore stretching connot take place in the tendon itself, but in the body of the muscle. The same argument has been brought forward against the open operation for club foot, only it has been claimed that the cicatricial tissue contracted; but when healing by blood-clot follows that operation, the cicatricial mass does not contract, nor did he believe it yielded.

COLLEGE OF PHYSICIANS LIBRARY OF AND SURGEONS, PHILA.

From birth up to the third or fourth year, and even later, there is a development of the deformity, and therefore in estimating the beneficial results from any special method of treatment, one must wait a similar length of time before passing upon the result.

He had been much interested in Dr. Gibney's cases on account of the candor with which they had been presented, and the care exhibited in securing careful histories; but until the ultimate results could be ascertained, he preferred to cut the anterior tendons when required and apply a brace similar to the one which had been presented; or a brace with a posterior rubber muscle acting on a lever attached to the sole of the shoe; and in special cases, either Pirogoff's amputation or excision.

Dr. Gibney in closing the discussion, replied seriatim to the questions that had been propounded.

He could not say whether a second operation in one of the cases would be of any benefit.

He had not entirely completed his table of results, and could only say that about one-half of the cases had healed by primary union, and that his analysis, as far as it had gone, failed to show much difference in the results dependent upon the method of healing. He had of course always aimed to secure primary union; but some of his best results had been obtained in cases in which the granulating process had been tedious, and even where some of the tendon had protruded, and had sloughed away, or had required removal.

He was sorry that he was unable to furnish records of systematic electrical examinations in these cases; but in the hurry of hospital work, this portion of the work had frequently been omitted. He had however, the report of an examination made by Dr. M. A. Starr before the operations on the little boy who had attracted attention by his ability to stand on his toe and on the ball of the foot. Dr. Starr reported at that time (two years ago) that the posterior group of muscles showed well marked reaction of degeneration, and failed to respond at all to the faradic current, and he gave it as his opinion that it was very doubtful if recovery would take place. Dr. Gibney thought that most of the gentlemen present would agree with him in saying that the patient now had considerable power in that posterior group of muscles.

In alluding to electrical treatment, he did not intend to disparage all such treatment, but simply to record his own disappointment with it in connection with confirmed cases of calcaneus. He believed with Dr. Berg, that if certain nerve fibres still remained intact, they could be developed by appropriate treatment. He was also willing to admit that an operation which secured anchylosis or synostosis was capable of giving a very useful foot; but from what he had heard of the operation, there seemed to be good cause for doubting the permanency of the results. Besides this, the operation was a much more formidable one than that which he had described in his paper, and it would often be impossible to secure the consent of the parents to perform it, while they would willingly agree to the other operation.

In regard to the mechanical points raised by Dr. Judson, it must be remembered that in addition to the gastrocnemius muscle, the perineal group and some of the interossei are also involved.

In only one of his cases had he met with the ribbon-like form of the tendon, and the result of this case is reported as "poor". When this condition exists, the tendon must be brought further down, and particular care exercised in the process of suturing, aiming to have the tendon well embedded in the V-shaped flap.

Dr. Phelps presented a specimen that was apparently

AN INTRA-CAPSULAR FRACTURE OF THE FEMUR.

It had been removed from a man in the dissecting room, who was noticed to have the legs flexed and abducted, and twenty or more sinuses, healed and unhealed, about the thigh, which had burrowed in every direction. Through a most unfortunate mistake on the part of those who secured the specimen, the soft

parts were all carefully removed. The pus is stated to have come from a cavity behind the mass of new bone which is seen in the acetabulum, and the new joint is found to be perfect. When the specimen was exhibited a few evenings since before the Surgical Section, it was thought to be a case of old hip joint diseass, but the specimen clearly shows, since sections have been made, that this is not the case, and is of peculiar interest as illustrating the utter impossibility of curing such a case by mechanical treatment. It was a strictly surgical case, and unless the sinuses were followed up and treated by thorough curetting and free drainage, with antiseptic precautions, the man must have died, as he did die, from amyloid disease of the liver and kidneys.

Dr. J. D. Bryant concurred in the opinion that this was a case of intracapsular fracture.

A SIMPLE METHOD OF PREVENTING THE BREAKING OF PLASTER AND WAX CASTS.

Dr. Phelps exhibited two casts so treated. He said that in order to render plaster or wax casts almost unbreakable, it was only necessary to rub well the surface of the cast with plumbago, and then by the process of electro-deposition, cover the whole surface with a film of copper about 1 mm. in thickness. To illustrate the efficacy of this method, the speaker took one of the specimens, a large cast illustrating Dupuytren's Contraction, and threw it violently upon the floor without its sustaining the slightest damage.

The other specimen had already been shown at the meeting in connection with Dr. Townsend's case of club feet.

CONCERNING THE TENTH INTERNATIONAL MEDICAL CONGRESS.

110 West 34th Street,
New York, March 7, 1890.

I am directed by the Secretary General of the Tenth International Congress to give the greatest possible publicity to the circular, the main points of which I herewith transmit to you with the request that they be published.

Very respectfully yours,

A. Jacobi, M. D.

INVITATION FOR AN INTERNATIONAL MEDICAL AND SCIENTIFIC EXHIBITION.

In connection with the Tenth International Medical Congress to be held in Berlin, between the Fourth and Tenth of August, there is to be an International Medical and Scientific Exhibition. The exhibits will be of an exclusively scientific nature, as follows:

New or improved scientific instruments and apparatus for biological and strictly medical purposes, inclusive of apparatus for photography and spectral analysis as far as applicable to medicine.

New objects and preparations in pharmacological chemistry and pharmacy.

New foods.

New or improved instruments subservient to any of the departments of medicine, including electrotherapy.

New plans and models for hospitals, convalescent homes and disinfecting and bathing institutions and apparatus.

New arrangements for nursing, including transportation, baths, etc.

New apparatus in hygiene.

Applications or inquiries inscribed "Ausstellungs-Angelegenheit," and accompanied with a printed card containing the name and address of the firm thus applying, ought to be directed to the Secretary General, Dr. O. Lassar, Carlstrasse, No. 19, Berlin, N. W., Germany.

R. Virchow, President.

E. von Bergmann, E. Leyden, W. Waldeyer, Vice-Presidents.

O. Lassar, Secretary General.

A certain Australian town has adopted chemical names for its streets, the churches and recreation grounds being located on Sulphide street.

MARYLAND MEDICAL JOURNAL

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WILLIAM B. CANFIELD, A.M., M.D., Editor

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As the subscription of the Maryland Medical Journal to a large number of its subscribers begins at this time, bills will be mailed to those subscribers, who are respectfully requested as far as possible to remit promptly.

BALTIMORE, MARCH 15, 1890.

Editorial.

THE EARLY DIAGNOSIS OF CHRONIC KIDNEY LESIONS.

A diagnosis made at the autopsy is of little interest to the patient. So-called incurable diseases stand a much better chance of being defeated if they are detected very early in their course, and many grave diseases give prodromal signs which unfortunately only the most skilled can appreciate and interpret. It is practically of little satisfaction to discover tubercle bacilli in the sputum after both lungs have nearly ceased to do their work. The detection of albumen and casts in the urine at a time when the patient is in the last stages of Bright's disease is hardly of much value to the patient. Such discoveries reflect on the ignorance or lack of observation of the physician. The keen eye which is on the lookout for early signs of disease and knows what these signs mean will see much more clearly the proper treatment, than the more careless one who lets the consultant makes the diagnosis when help is too late.

Dr. C. S. Bond, of Richmond, Indiana, (*American Journal of the Medical Sciences*, January, 1890), has studied a a series of cases in which the diagnosis of chronic kidney lesion was made in the pre albuminuric stage. Physiological albuminuria is a doubtful term. It may be the precursor, often by many years, of a serious trouble, the warning too frequently unheeded, of a fatal disease. Casts are also very uncertain quantities. At times they appear in abundance, and again a most careful search may fail to find them.

The diminished elimination of urea from the system of a person otherwise healthy and living on a mixed diet is, according to Dr. C. S. Bond, pathognomonic of kidney lesions. A careful estimation of the urea in patients with vertigo, nausea, general weakness, œdema, etc., when no other pathological condition of the urine can be discovered, it is often rewarded by finding the true trouble early enough to have hopes of correcting it. A few doses of a saline cathartic will often bring back the equilibrium and a careful regulation of the bowels will frequently dispel these symptoms early before the poison has had a permanent effect on the kidney.

In conclusion, the writer says that whatever reliance we may place in the finding of albumen and casts, these generally appear after the mischief is done.

As urea forms the most important

product of decomposition of the albuminous bodies, and as about one-half of the solid constituents of the urine consists of urea, the determination of the specific gravity of *known quantities of urine passed within twenty-four hours* points approximately to the amount of urea excreted. Early treatment in such cases may do good and in the author's cases has been of marked benefit.

THE COMING MEETING OF THE STATE SOCIETY.

At the end of next month the Medical and Chirurgical Faculty will hold its ninety-second annual meeting, and the work which is each year growing more extensive will probably necessitate a session of not less than five days. The nine sections to report on the progress of medicine during the past year contain forty-five members who are supposed to contribute their share of work in these reports.

As has been before stated, the publication of the numerous year books, annuals and cyclopædias has in part rendered the work on these reports as originally intended, somewhat superfluous, so that an actual resumé of work done in the past twelve months is rarely given at these annual meetings. At the same time, while the summaries of a year's work are usually treated in a superficial manner in books, there is always room for an extended notice of one particular subject in each section, and if the chairman or working member of each section would take up one subject and treat it more in detail than is usually done in annual summaries, such work would be widely noticed, as was the case with some of the work done at the Society in 1889.

Still further, it is very evident that the Baltimore and Maryland medical profession does very little literary work of merit in proportion to the number (about 800 in the city and 1,000 in the State; total, 1,800), of medical men represented, hence in these reports would it not be well for those men doing the work to endeavor to notice what good work that has been done in this City and State, and then add thier own personal experience and that of the fellow members of their section, and thus the report of every section would contain as far as possible a notice of original work done in this State and City, and such work finding its proper place in medical literature would raise the reputation of the medical profession here and abroad, and these various annuals, cyclopædias, etc., etc., would not go forth, as they do now, with records of work done in almost every State of the Union except in Maryland.

Correspondence.

DISPENSARY ABUSE AGAIN.

Editor Maryland Medical Journal:

Dear Sir:—A great deal has been written about the abuses at free dispensaries, but I would like to add my endorsement to the letter of "A Dispensary Physician" in the journal of March 1st. Specialists and medical schools have been found much fault with in medical journals all over the country from the establishing of dispensaries which are often entirely superfluous from the pure charity standpoint. The well-to-do people who patronize these dispensaries from motives of economy have been much complained of in speech and in print. The management of the dispensaries are often much to blame. The people applying for aid but who are quite able to pay at least small profes-

sional fees are somewhat to blame, and I agree entirely with "A Dispensary Physician" in thinking that the general profession is very greatly to blame for the existing state of affairs. The general public should be taught to regard free dispensaries as purely charitable institutions and that by applying for aid at such places they become objects of charity. Medical men in general have the best opportunities for giving this instruction. It is almost a daily experience for the last ten years to have patients come to a dispensary with which I have been connected during that time, and as a claim to special consideration state that their family physician, Dr. So and So sent them. Of course if these people are needy this is all right and quite as it should be. But in most cases their dress and appearance indicate that they are not proper dispensary patients and on inquiring they almost always claim to pay their family doctor.

This has been going on for ten years especially in the eastern section of the city, and I have heard no complaints except perhaps occasional mutterings from some of the younger specialists. Since however, the establishment of a large "*ideal*" hospital with elaborately equipped out-door department there have been many complaints from both physicians and druggists of that section, and it has occurred to me that it may be a part of the blame for the readiness with which well-to-do people resort for treatment to that institution is to be laid at the doors of those physician who for years past have not hesitated to advise them to seek aid at the special dispensaries and have thus encouraged them to avail themselves of public charity and avoid the payment of even small professional fees. I am not in favor of professional trade unionism, but there is not enough *esprit de corps* among medical men. If each physician would do his best to teach the public with whom he comes in contact to put a proper money value on professional advice whether given by himself or others it would do away with one at least of the causes of the abuse of free dispensaries.

HERBERT HARLAN, M. D.

Reviews, Books and Pamphlets.

Hand-Book of Materia Medica, Pharmacy and Therapeutics, including the Physiological Action of Drugs, the Special Therapeutics of Disease, Official and Extemporaneous Pharmacy, and Minute Directions for Prescription Writing. By SAMUEL O. L. POTTER, M. A., M. D. Second edition, revised and enlarged. Philadelphia: P. Blakiston, Son & Co. 1890. Pp. 766; price $4.00.

The author of this book and writer of several well-known students' manuals has succeeded in bringing out a very useful work on materia medica. It is divided into sections on Classification, Materia Medica and Therapeutics, Pharmacy and Prescription Writing, Incompatibility, Special Therapeutics, and an appendix and index, which parts are easily found in the book by a thumb reference. The remedies are arranged alphabetically, with their description, preparation, physiological action and therapeutics, which latter is too much condensed and contracted for any one but a student.

In the section on Prescription Writing, the author, while giving full directions, very wisely adds that there being no royal road to prescription writing, practice, care and a complete knowledge of the subject are necessary for one to be able to turn out elegant "magistral" prescriptions. The good advice is also very well added that for those (and they are many), who are ignorant of the Latin language, and do not know how to use the genitive case, the English language is the only one to be used. Abbreviations, which are often made to cover ignorance of termination, are a great source of annoyance to the druggist and should not be used in case of doubt. The writer very properly advises against the use of blanks advertising certain druggists, and suggest blanks in books, with stubs much like check books, so that copies and dates may be kept, and on the back a caution to the compounder against renewal without the doctor's sanction. It is doubtful if

there is a law preventing the renewals of prescriptions, even against the doctor's wish. Full directions are also given for filling a prescription in case the student has also that work to do in his practice.

The section on Applied Therapeutics is very convenient and useful as a ready reference. In the Appendix the exposition of a few proprietary medicines is of interest. The Index is very complete. On the whole, the book is useful for the student, and in part, for the practitioner. The author uses the word "official" instead of "officinal." Such changes, unless universally adopted, are apt to be confusing. Some of the newest drugs do not appear. The number of errata does not speak well for the proof-reading.

Secret Nostrums and Systems of Medicine. A Book of Formulas compiled by CHARLES W. OLESON, M. D. Chicago: Oleson & Co., 1890. Pp. 206. Price $2.00.

This is an extremely interesting little book, exposing as it does the composition of so many proprietary and quack medicines which so boldly and fraudulently make such extravagant claims. The author has collected not only genuine quack medicines, but such remedies as Chlorodyne, Listerine, Platt's Chlorides, etc.

The dissemination of such literature as this will do much toward exposing these secret nostrums, and breaking up the sale of such expensive preparations. It is no wonder that such business pays in which medicine costing five to ten cents is sold for one to two dollars. Many of the cough and soothing syrups, the stimulant tonics and the medicines for cure of the alcohol and opium habit are really criminal in their composition, containing quantities of opium, morphia, cocaine or alcohol, which form the very habits they propose to prevent.

This little book contains information that every physiaian would at times be glad to have. It so often happens that the patient flaunts these patent medicine in their physician's face, and if he knows the ingredients and can warn the patient he may often prevent the formation of a very dangerous habit.

P. Blakiston, Son & Co., Philadelphia, will publish about March 15th, a new *Medical Dictionary*, by GEORGE M. GOULD, A. B., M. D. It will be a compact one volume book, containing several thousand new words and definitions, collected from recent medical literature, while the total number of words is beyond that in any similar book. It includes also elaborate and useful tables of the Bacilli, Leucomaïnes, Ptomaïnes, Micrococci, etc.; of the Arteries, Nerves, etc., and of the Mineral Springs of the U. S., together with other collateral information.

Stanley's own book, entitled *In Darkest Africa, and the Quest, Rescue, and Retreat of Emin, the Governor of Equatoria.*

Mr. Stanley has advanced so far with his account of his adventures in achieving the rescue of Emin as to be able to announce the title of his book. All sensible persons will await with patience for the publication of the authentic account. "In Darkest Africa, and the Quest, Rescue, and Retreat of Emin, the Governor of Equatoria," though there will be an abundance of Stanley literature turned out from the printing presses during the next few months. Probably the smooth-tongued book-agent will be able to convince some guileless persons that he is retailing "Stanley's Own" long before the only genuine narrative of the great traveler's heroism, privation and suffering is given to the world. Would be-purchasers should be on their guard.—*New York Tribune.*

DAVID STARR JORDAN, President of the University of Indiana, will open the April "Popular Science Monthly" with a vigorous and lively article on "*Science in the high school.*" Its object is to show up the make-believe character of what is offered in many schools to satisfy the modern demand for science-teaching.

An article by Professor Huxley, entitled "*On the Natural Inequality of Men*," will be printed in "The Popular Science Monthly" for April. It deals with Rousseau's idea of the equality of men in the state of nature, with applications to the recent controversary on the land question.

Medical Items.

Dr. Howard A. Kelly has taken an office at 905 North Charles Street.

Dr. Voigt, formerly Professor of Anatomy at Vienna, is dead.

Dr. W. Kircher succeeds the late Professor V. Tröltsch in the chair of Otology at Würzburg.

A number of medical students at Harvard are about to take a course of lessons at the Boston Cooking School.

According to the daily papers the bill to regulate the practice of medicine in Maryland has passed the Senate of Maryland.

Dr. G. Lane Taneyhill entertained the members of the Gynæcological and Obstetrical Society and a few others at his handsome house last Tuesday night.

Dr. P. C. Williams has been elected president of the Alumni Association of the University of Pennsylvania for Maryland and the District of Columbia.

The new Health Commissioner might, with benefit, direct his attention toward issuing a better report of deaths etc., for the City and classify the causes of death a little more scientifically.

At the next meeting of the Clinical Society on Friday 21st., Dr. Herbert Harlan will read a paper entitled "A Case of Suppurative Mastoiditis with Bone Specimen," and Dr. R. M. Hall a paper on "Penetrating Wound of the Heart with Specimen."

A physician, illustrating the evil custom of talking to an invalid about his pains, says that once he requested a mother to mark a stroke upon a paper each time that she asked a sick daughter how she was. The next day, to her astonishment, she made 109 strokes. A three months' visit away from home was prescribed.

The Ninth Congress of Internal Medicine will be held at Vienna on April 15th to 18th. Professor Stricker will demonstrate his electric microscope; "The Treatment of Empyema" will be discussed by Drs. Schede, of Hamburg, and Immermann of Bâsle; and "The Treatment of Chronic Nephritis" by Professors von Ziemssen, of Munich and Senator, of Berlin. Many other communications are promised.

At the Morgue in New York City new dissecting tables are to replace the antiquated ones now in use. They will be fitted with movable gas-jets, hot and cold water, and spray pipes, and an adjustable joint, so that the bed of the table may be shifted to any angle desired. A newspaper item quotes one of the medical attachés of the Coroner's office as saying that the cost of a modern table is between $500 and $800, according to the completeness of its outfit.

One of those singular malformations described as "parasitic fœtus" has been attracting some attention at Demerara. A coolie was admitted into the Colonial Hospital suffering from a tumor in the right loin. The man died and at the post-mortem examination the "tumor" proved to be possessed of a cranium, with hair attached, and imperfect nose and mouth, no hands or feet but the rudiments of male genitals. The subject of this "autosite" was thirty-two years of age.

The commencement of the College of Physicians and Surgeons will be held next Tuesday, 18th inst., at the Academy of Music.

The address will by deliyered by Bishop John J. Keane, D. D. Rector of the Catholic University at Washington.

The annual meeting of the Alumni Association will be held at the College on Monday evening at 8 o'clock, and the annual banquet at the Eutaw House, Tuesday evening. All members of the Alumni Association are invited to attend.

The spring course of lectures will begin after next week.

Original Articles.

ON INJURIES TO THE BLOOD VESSELS DURING OPERATIONS IN THE AXILLA.*

BY RANDOLPH WINSLOW, M. D.,
OF BALTIMORE.

For about ten years the practice of exploring the axilla for diseased lymphatic glands, during operations for the removal of carcinomatous breasts, has become well established. This procedure is of the very greatest importance, and should never be neglected in cancer cases, as the surgeon is not unfrequently surprised at finding considerable masses of degenerated glands in the axilla, under cover of the pectoral muscles, the existence of which had not been previously suspected. In sarcoma of the breast the axillary lymphatics are but seldom involved hence this procedure is not indicated in this affection, unless the glands are decidedly enlarged. Primary sarcoma of the lymphatic glands does occasionally occur, and will require to be removed, as will the more frequent tuberculous masses; and besides these, various tumors benign in character may find their seat in the axillary space.

For whatever cause it may be necessary, the exploration of the axilla is not an operation to be lightly undertaken, owing to the large number of blood vessels and nerves which are contained therein, and the great probability that the malignant or inflammatory masses have contracted adhesions to these structures, or have actually incorporated them into the neoplastic growths. As there are numerous small vessels besides the great vein and artery which traverse the whole space, injuries to these parts is extremely likely to occur, but the division of the small vessels of the axilla usually excites no apprehension during operations for the extirpation of axillary growths as the incisions are sufficiently large to enable the surgeon to see the bleeding points and apply ligatures to them. Sometimes, however, the small vessels are divided near their entrance into or exit from the main trunks, where there is not room to apply a ligature to the branch itself; such cases must be treated as injuries to the main trunk. In other cases the axillary vein may be nicked accidentally, or may be torn during the effort to remove the growth. The axillary artery will rarely be wounded accidentally, as owing to its thick walls and pulsation it can be readily felt and avoided. Sometimes both artery and vein become involved in the growth of the neoplasm, and the operation must be abandoned, or the vessels doubled ligated and the diseased portion excised, or an amputation at the shoulder joint performed. I have several times been confronted with injuries, accidental or designed, to these great vessels, and was formerly very apprehensive of the results of such lesions, but my individual experience has been favorable and I do not now fear them so much.

Case 1.—In October 1884, I amputated the breast of a young woman for scirrhus and opened the axilla and removed a large mass of diseased glands from beneath the pectoral muscles. The operation was very extensive, and the axillary vein and artery were laid bare for a considerable distance. All the diseased glands that could be felt were removed, as well as the whole breast and its integuments. The cancer returned, and in June 1885, I excised the cicatrix of the previous operation, and opened the axilla and found a mass surrounding the vessels and nerves and involving the coats of the axillary vein. The vein was cleared of the neoplasm and was exposed for some distance, but in separating the mass a vein was cut off too close to the axillary vein to allow of the application of a ligature, so a pair of catch-forceps were applied to the bleeding point, which but partially occluded the axillary vein, and the wound was dressed antiseptically leaving the forceps in position where they remained 24 hours. No hæmorrhage followed their removal, and the healing of the wound was not in any way complicated by their presence. It would have been better in this case, if a

*Read before the Medical and Surgical Society of Baltimore, November 14th, 1890.

free resection of the axillary vein had been made, but thinking it would be impossible to stay the disease if the main blood vessels were involved, I closed the wound as quickly as possible. ; she lived about 6 or 8 months and died of universal carcinosis.

Case II.—Colored woman, with carcinoma mammæ, was operated on by me on March 26, 1886. The whole breast, pectoral fascia and a portion of the pec toralis major muscle were removed. The incision was then extended into the axilla and masses of enlarged glands were removed ; some of them being placed deeply beneath the pectoralis minor muscle. During the dissection, the edge of what looked like a thin piece of fascia was cut and I was surprised to find that the axillary vein had been wounded. The opening into the vein did not involve one half its caliber, and was almost immediately secured with Péan's forceps, and a catgut ligature placed on the wound laterally. No trouble was experienced and the healing of the extensive wounds took place in a perfectly smooth manner.

Case III.—In July 1888, I attempted the removal of an extensive carcinomatous disease of the breast and axillary glands with foci in the pectoral and latissimus dorsi muscles. The breast was removed, but whilst enucleating the axillary masses the patient became so collapsed that the operation was discontinued and the wound dressed. She rallied and did well and at her urgent request I reluctantly undertook another operation three weeks later.

Under ether narcosis, the par tially healed wound was opened, the pectoralis major muscle divided and a portion of it excised, the pectoralis minor was now exposed, and as there were deposits in it, the whole muscle was removed, from coracoid process to ribs. A piece of skin over the latissimus dorsi was cut out, which not only removed a cancerous nodule, but allowed for drainage. The growth in the axilla was now attacked, and was found to embrace and involve the axillary vessels, and was with difficulty removed, one or two of the smaller nerve trunks having to be divided and exsected. All vessels were doubly ligated before being divided, in order to prevent loss of blood. As the axillary artery and vein were diseased, they were also ligated in two places, and the affected portions excised. Very little blood was lost, owing to the free use of forceps and ligatures; nevertheless, the woman became enormously collapsed long before the operation was completed. She reacted, however, and for a time did well, but died 2½ weeks later of exhaustion. The point of interest in this case is in regard to the effect of the ligation of the axillary artery and vein upon the circulation of the arm. Notwithstanding the ligature of both axillary artery and vein, and the excision of considerable portions of their trunks, and the ligation of the subscapular and other axillary branches, leaving only the circumflex vessels to act as collateral channels, no gangrene occurred, nor any considerable œdema of the arm. By the next morning the hand and forearm were of their normal temperature, and the recurrent circulation entirely established.

The wounding of the great veins of the body is a not very infrequent occurrence, and considerable diversity of opinion has existed in regard to the best method of closing the openings. The use of forceps has been highly recommended by Dr. Hans Schmid, of Berlin, and has been quite extensively practised by Küster at the Augusta Hospital, in Berlin. The wound should be laterally situated and small in size. Dr. Schmid experimented upon guinea pigs, and found that lateral wounds of the large veins might be safely closed with compression forceps, which were included in the antiseptic dressing and left in situ for 24 hours, when they were removed. Secondary hæmorrhage occurred in no case, nor did the veins become thrombosed and occluded. Clinical experience has proven that this method of treatment is safe and efficacious, provided the wound is small and the antiseptic precautions sufficient. If the opening into the vein is large, the vessel should be ligated above and below the wound, and the intervening portion divided, or

two clamps might be applied, above and below the lesion. As the use of forceps interferes with the closure of the external wound, it is a disadvantage which had best be avoided, if possible. This may be avoided by placing a lateral ligature upon the vein as recommended by Pilcher, provided the operation has been conducted under strict antisepsis, and the ligature material thoroughly disinfected. If the wound is small, not involving one-half the caliber of the vessel, an aseptic ligature may be placed laterally around the opening, and no disturbance will follow; but if material is used for ligatures which is not aseptic, a septic phlebitis will probably be developed. Several surgeons of high standing advocate the closure of wounds of the veins, when of moderate size, by suturing, and the results seem to be excellent. I have not made use of this method, and have no practical experience of its advantages and disadvantages. In the third case which I report, there was a simultaneous ligation of the axillary artery and vein, and all their branches, except the circumflex vessels, in a weak, anæmic woman, and the fear was entertained that the collateral circulation would not be sufficient to nourish the arm, but this fear proved futile, the circulation in the whole extremity being entirely restored in 24 hours. Dr. Pilcher, in fact, recommends that the main artery of a limb should be ligated when the corresponding vein requires to be occluded, as by so doing the acute œdema of the extremity is prevented or lessened. In one case in which he tore and ligated the subclavian and internal jugular veins, a ligature was placed upon the axillary artery, in order to lessen the turgidity of the neck, and the patient did well, notwithstanding there seemed to be no collateral trunks to carry on the circulation.

Suppose the cancer has actually attacked the main vessels in the axilla, what ought to be done? I think the plan pursued in Case III. that is, the ligation of the affected vessel or vessels above and below the diseased area, and the removal of this portion. No permanent benefit will result from an operation where diseased structures are allowed to remain, and this is especially true in regard to diseased blood vessels. We must make our operations radical, if possible. Some very good results have been reported by Wyeth and Pilcher where ligation and excision of cancerous blood vessels has been practised.

The point which I wish especially to emphasize, is that gangrene of the arm is not likely to follow ligature of the axillary vessels, either separately or simultaneously, hence we ought not to leave these structures when their walls have become involved.

I would recommend, then, the application of aseptic lateral ligatures to small wounds of the great veins, and of aseptic ligatures above and below the opening when the wound is large. If the wound is in such a place that the application of ligatures is difficult, forceps may be used and left in the wound for 24 or 48 hours, being included in the antiseptic dressings. When the vein or artery, or both, are involved in the cancerous growth, doubly ligate above and below the disease, and exsect the degenerated part, or amputate at the shoulder joint.

1 Mount Royal Terrace.

LEPROSY, WITH REPORT OF A CASE.

BY ROBERT HOFFMAN, M. D.,
OF BALTIMORE.

(*Continued from page* 381.)

In leprosy we meet with forms which have no apparent resemblance to one another. One form, the *lepra tuberosa*, is distinguished by the development of tubercles and thickening of the parts. These tubercles, more strongly developed in some place than in others, may suppurate, and then give rise to leprous ulcers. The face and the extremities principally exhibit these protuberances, but they are also often found on the soft palate, the larynx and the mucous mem-

brane of the nose. Besides this tuberose form of leprosy, there is the *macular*, characterized by the appearance of spots, which are at first of a red, then dark color. These discolorations of the skin, varying from yellowish-red to dark-red, are particularly numerous upon the trunk of the body, and now and then very dark, almost black patches may be seen, forming cutaneous pigmentation. The distinctive feature of macular leprosy is the regular scale of colors spreading over the entire body, and passing from the faintest tinge almost to black. In several tropical countries we hear of a "red" species of leprosy, which designation must refer to the dark-red spots occurring in the macular form. Again, there are cases of leprosy in which the patients lose the sense of touch, or sense of pain, or both, the lower extremities especially being the seat of such insensibility. The anæsthesia and analgesia here exhibited coincide with the formation of the colorless white spots observed in macular leprosy, and the name *lepra anæsthetica* has been given to this form. It not infrequently happens, particularly in cases of anæsthetic leprosy, that the tubercles will soften and turn into leprous ulcers, which greatly resemble syphilitic ulcers and show very slight disposition to heal. Should the healing process take place, scabs are the result, and in case the face is involved, it will be greatly disfigured. When these leprous ulcers form lower down, as they especially do on the hands and joints, the members will slough off and drop away piece by piece by piece, producing mutilation of the whole body. This sub-species of the tuberose form is called *lepra mutilans*. It is best to recognize only two forms of leprosy: the *lepra tuberosa* and the *lepra anæsthetica*; the other two, the *lepra maculosa* and the *lepra mutilans* should be regarded as subdivisions.

Pathological Anatomy.—The specific cause of leprosy, the lepra bacillus, generates neoplasms of the nature of granulating tumors. This disease, therefore, occupies a place between tuberculosis and syphilis. In the tubercles we find a tissue composed of large cells, which contain the bacillus, and around these are circular cells, extending and proliferating into the fibres of the connective tissue. This marked tendency to proliferate distinguishes leprosy from tuberculosis, which spreads by the lymphatics and blood vessels. Leprosy proceeds inward from the diseased portions of the skin, along the nerve sheaths, showing a sort of elective affinity between the organized poison of this affection and the nervous system. As to the tubercular neoplasms, they are soft in the incipiency of the disease, afterwards they become hard, and if they occur chiefly on the hand are characteristic of the tuberose form. Besides the external skin, the leprous protuberances are also found upon internal organs, as the lymphatic glands, and in the form of spindle-shaped swellings along the larger nerve trunks. It is chiefly the nerves of the arm, the median and ulnar, which show this thickening here and there, constituting what is called *perineuritis leprosa*. Upon a closer examination, the single nerves will be found to be enclosed by a layer of cells from three to four mm. in thickness; the direction of the leprous growth is accordingly determined by the course of the nerves. These cellular layers exert a continuous pressure upon the nerves, which are gradually reduced to an atrophied condition. We find these thickened nerve trunks particularly in anæsthetic leprosy, and to them is due the anæsthesia and analgesia. That these disturbances of sensibility may be very great is proved by the fact that patients so affected have been known to rest their back against a hot stove, never noticing the danger until the smell of something burning drew their attention to it. Incredible as this may sound, these cases are beyond question. In the case under consideration the nerves of the arm may be felt as thick, hard cords throughout their whole length, while anæsthesia and analgesia are present to such a degree that, at the lower extremities, a needle may be run into his flesh to the bone without causing the least sensation. Knowing as we do that morbid conditions of the nerves produce

cutaneous diseases, as bullæ, and the various kinds of eczema, we may safely assume that a nervous disorder is the prime factor in leprosy, and that the neoplasms of the skin are to be regarded as secondary effects, as also are the leprous bullæ, like those in pemphigus, which rapidly disappear, leaving pigmentation of the spots.

Symptoms.—The initial symptoms of leprosy are usually languor, cramps in the limbs, chills, impaired digestion, loss of hair, etc. Then the characteristic anæsthesia and analgesia are gradually developed, combined with the formation of spots, or else we have the tuberose form, indicated by the appearance of tubercles and protuberances on any part of the body. Upon the face, especially above the eyes, a number of folds and lumps usually develop, which bear some resemblance to the gyri and sulci of the brain. Ulcers and small sores occasionally form in these folds, between the lumps. The eyebrows become thin, the single hairs being crooked, thickened or broken. Thick, unequal lumps form on the cheeks, nose and lips, partaking of the nature both of cutaneous hypertrophy and of ulceration. These lumpy swellings give to the face a characteristic expression, suggesting comparison with the faces of animals, whence Aristotle calls it "*leontiasis*," or "*satyriasis.*" Our patient's face, gloomy and menacing, has exactly this canine character. The ears, too, are usually much thickened, and in consequence recede from the head. The voice is almost always husky, and this huskiness seems to be a destinctive feature of leprosy, inasmuch as in institutions for the examination of leprous patients particular attention is called to this symptom. Our case has tubercles upon the face, the trunk, and where the trachea comes in contact with the external skin, what has been termed leprous pharyngitis and laryngitis; the palms of the hands and the soles of the feet are not affected. As soon as these tubercles have invaded the skin, the parts grow more sensitive, but this does not continue long, and gives place to anæsthesia, which may give rise to analagesia. Upon feeling the large nerve trunks of our patient's arm, numerous spindle-shaped swellings and thickenings will be found, following the course of the nerves. Vesicles also form upon the skin, to which the name *pemphigus leprosus* has been given, and whose origin must be referred to the diseased condition of the nerves. As to the progress of leprosy, it must be regarded as a chronic disease; its mean duration still amounts to several years, and recovery very rarely takes place. Climate has a great influence upon its duration, and it is safe to say that, if our patient had remained in Sumatra, the affection would have progressed much more rapidly, death might even have ensued, whereas, since his sojourn in Germany he has been feeling comparatively well.

Diagnosis.—Aside from the bacillus test, the diagnosis of leprosy is not easy when the physician has seen no cases; but a few typical cases once met with, he will easily make the correct diagnosis. The lumpy neoplasms in the face, giving to the patient a gloomy, menacing, canine expression, are sufficiently characteristic to render the recognition of subsequent cases an easy matter. The disease could be confounded only with beri beri, syphilis and lupus. Of these, the first is especially distinguished by œdemas and the various kinds of dropsy. It begins with slight symptoms of paresis and œdema of the lower extremities, these paralytic conditions being accompanied by severe disturbances of the functions of nutrition, and by atrophies. Then follow inflammatory exudations, such as pericarditis, pleurisy and ascites, which as a rule, are succeeded by gradual paralysis of the whole lower half of the body, while the upper extremities commonly remain unaffected. All these symptoms will at once exclude leprosy. As to confounding it with syphilis, especially the macular form and syphilitic exanthema, it must be borne in mind that syphilitic exanthema commonly appears only upon the trunk, while the leprous spots are disseminated over the whole body. In the later stages of syphilis, when ulcers and gummatous neoplasms make their appearance, the diagnosis is

often more difficult; here the finding of tubercles on the top of the larynx or the vocal cords would be important, as pointing to leprosy. The history of the case and a resort to anti-syphilitic treatment would in a short time permit a definite diagnosis in doubtful cases. In lupus, finally, which is now held to be a local tuberculosis of the skin, the changes are of such a distinctive character that it would seem to be hardly possible to confound it with leprosy. Peculiar to lepers are the nodules, of the size of a pin's head, or larger, which for the most part spread out in such a way that the central portions heal up, owing to the barrenness of the nutritive surface, and the proliferation goes on in the peripheral parts. Furthermore, lupus does not present those disturbances of sensibility found in almost every case of leprosy, nor the general symptoms which are so characteristic of the latter affection.

Therapeutics.—The treatment of leprosy is principally prophylactic, now that it has been ascertained to be an infectious disease, though chronic in its progress and depending upon the bacillus leprosus. Even in the Middle Ages, when physicians were in the dark as to the cause of leprosy, it was known to be contagious, and great stress was laid upon prophylactic measures, in proof of which we may cite the leper-houses, to which all lepers were sent for the purpose of isolating them and so protecting their fellow-men from danger. Hygienic treatment is of the utmost importance. Where the climate is poor, the patient should make a change of residence if, possible, and care should be taken to secure the most favorable environment and the best conditions in relation to food and nursing. As for the various specific remedies, they have not proved successful to any extent. Unna, of Hamburg, reports a case healed, and recommends the following method. The lower part of the thighs and feet, as also the upper arms and hands were painted twice daily, by means of a coarse brush or toothbrush, with a 10 per cent. pyrogallic ointment, the rest of the body with a 10 per cent. chrysarobin ointment. The face was covered once a day with a strong plaster of salicylate of creosote, on which zinc-lime was spread. Some of the tubercles were removed by the knife, and ichthyol was administered internally. After several months of this treatment, the patient was dismissed as cured, there being no return of the disease at the end of six weeks.

(*To be continued.*)

THE CONSERVATIVE TREATMENT OF INFLAMMATORY DISEASES OF THE UTERINE APPENDAGES AND SEQUELÆ BY ELECTRICITY.*

BY AUGUSTIN H. GOELET, M. D.,
OF NEW YORK.

There is no condition in the whole range of gynæcological disorders which requires more thoughtful and careful consideration than inflammation of the uterine appendages and its sequelæ. To the patient who suffers it is certainly a subject of paramount importance, and to the physician it is a question of great moment as to what course he shall advise. Shall he try to cure the disease, or shall he take the shorter and more popular course, and advise removal of the diseased organs, thereby confessing his inability to effect cure? By the older methods of treatment at his disposal, it is true that some cases have been cured; but more frequently the condition has remained unchanged in spite of treatment, the pain persisting so obstinately that the patient, as well as the physician, is driven ultimately to a laparotomy for the hope of relief. But alas! how often have both been disappointed in their expectations, the same old pain, or something worse, being her only recompense for the risk which she has undergone, to say nothing of the permanent sterility which is induced if the operation includes both ovaries. It is true that the mortality following this operation has been so

* Read before the Philadelphia Obstetrical Society.

much reduced as to make it appear encouraging; but who will gainsay that there is risk, even in the hands of the most experienced operators? And who will affirm that the results obtained, in those who recover from the operation, are entirely satisfactory in more than half of the number operated upon? Viewed from this standpoint, is the picture calculated to encourage the conscientious gynæcologist?

When we are offered a remedy which promises to cure many of these conditions which were formerly thought incurable, it is obviously our duty to give it a fair trial before we condemn poor suffering woman to a fate which we may never cease to regret. It is nothing new, and for this reason many are sceptical; but the principles upon which the method is based are sound and scientific, and the statistics of results are generally good. But it is a method which must be understood to be appreciated. I look upon those who cannot accept it with much sympathy, for I once stood in the same ranks, and was very unwilling to believe. But, gentlemen, "seeing is believing." Electricity has wrought some wonderful cures. I have seen accomplished with this agent, what ten years ago would have been thought the dream of a lunatic. Obstacles which were then insurmountable are now matters of every-day accomplishment. For example, I do not believe I ever cured a bad chronic endometritis until I learned how to do so with electricity; and I believe there are many of you present who will acknowledge that they have discouraged themselves as well as their patients with the application of iodine, glacial acetic acid, nitric acid, etc. And how many of these cases really got worse instead of better under that form of treatment?

There are cases being cured every day by electricity which would otherwise be submitted to the knife, and the time is in the near future when it will be the acknowledged duty of the abdominal surgeon, either to give or cause to be given an extended trial of electricity in every case before laparotomy will be considered justifiable, except in those cases, fortunately rare, which call for immediate operation, where delay means certain death. But to-day how different is the custom! It frequently happens that laparotomy is the first thing suggested. Who will say that this operation is not abused?

Do not misunderstand me. I no not discourage the operation when it is necessary, but wish to urge more conservative methods than exist at the present day.

But do not be misled by thinking that the advocates of electricity claim it will do everything, or that no case can resist its charmed influence. This is a perversion of the truth, which its enemies proclaim when they meet a case that has not been benefited by it. Candidly, we acknowledge that there are cases which cannot be benefited even by electricity, and until medical science has become more perfect, they must submit to the inevitable.

In describing the treatment of inflammation of the uterine appendages, I will take up the three stages separately.

Acute Stage.—Apostoli extols the virtue of vaginal bipolar faradization from the long, fine wire or current of tension in this stage; but I have had no practical experience with it here, and can therefore express no opinion of its merits. Judging, however, from the marked sedative effect which I have obtained from it in the subacute stage, I would have no hesitancy in employing it in the acute stage should an opportunity occur. My experience with this method of using the faradic current dates only from my recent visit to Paris; but I was impressed with what I saw of its effects while there and my experience with it since has justified the good opinion formed of it.

Let me say here, that it is impossible to get this sedative effect from the faradic batteries of ordinary construction. It is necessary that the current should be a purely induced one, and that the wire on the bobbin should be very fine and have great length. This bobbin should slide easily over the primary coil around the bundle of soft wires. The current should start at nothing, with the bobbin at a distance from the primary

coil, and should be so gradually increased by sliding the bobbin over the primary coil that the patient scarcely feels the increase, and at no time should she experience the least pain from the current. The *séance* should last until perfect sedation is accomplished and she expresses herself free from pain, and the application should be repeated often enough to keep the pain completely under control; so that, when necessary, they must be repeated several times a day.

Subacute Stage.—In this stage I am prepared to speak of bipolar faradization from clinical experience in the highest terms of praise. The harassing pain which yields so unsatisfactorily to the ordinary methods of treatment can be promptly relieved by this method, if carefully and systematically carried out. The applications should at first be vaginal, and should be used daily for from fifteen to twenty-five minutes at a time until perfect sedation is accomplished. The abdomen, which in some of these patients can barely be touched previous to the application, will allow any amount of handling afterwards. The pain is relieved for only a few hours perhaps after the first application, but with every succeeding *séance* it will be relieved for a longer period, until eventually the relief will be prolonged until the next application, twenty-four hours later. In some instances, the first application will afford perfect relief for several days at a time. With the cessation of the pain, the associated congestion is likewise relieved; for this current, used in this way, has a decided local effect upon the circulation in equalizing it. The same precautions necessary in the acute stage are to be observed in this; the current must be increased very gradually, and it should never be used strong enough to produce pain, and should be continued until perfect sedation is accomplished.

When all that is possible has been accomplished by these vaginal applications, and when the uterus will tolerate the introduction of the sound, the small bipolar uterine electrode curved to suit the canal is introduced into the uterus, and the applications are made there in the same way.

When this stage begins to merge into the chronic state, the treatment must be reënforced by intra-uterine galvanization with the positive pole. At first only an occasional application is given, say once or twice a week, of not more than from 20 to 30 M., for three or four minutes, and the faradization is continued in the interval.

If the patient's confidence can be gained at the outset by relieving her pain, half the battle is already won, and this can certainly be done by fine-wire bipolar faradization.

Chronic Stage and Sequelæ.—In the chronic stage, the constant or galvanic current is used, and to accomplish results it is necessary to employ apparently heroic doses. But it must be understood that tolerance of the current is progressive, and that by gradually increasing the strength it is possible, eventually, to use with safety a dose which at first would not only be unsafe, but unbearable to the patient. This is a point which cannot be clearly understood except by those accustomed to the use of this agent. The large size of the external electrode allows these apparently enormous doses to penetrate the skin and to be borne by the patient with little or no inconvenience.

In some conditions it is possible to accomplish much with the vaginal applications, if used sufficiently strong; but the small doses here are ineffectual, and mere waste of time.

I will speak more particularly of the use of the intra-uterine chemical galvano-caustic applications and of the vaginal galvano-puncture, the only way this current is used by Apostoli in these conditions.

The *positive* pole is always the choice in commencing this treatment when any degree of inflammation exists, because it is less irritating and exciting than the other pole, and exerts a more sedative influence. Beginning with not more than 20 to 40 M., with the bare platinum electrode, which is so arranged as to take effect upon the whole uterine canal, from the external *os* to the fundus, the first *séances* should last from three to five minutes, and be repeated every second

day. Gradually increasing the dose at the succeeding *séances* as tolerance is established, the current is pushed when necessary and well borne to 50, 100, or 150 M. But when the higher intensities are reached it is better to repeat the applications only once or twice a week. Too frequent applications sometimes produce a sensitive condition of the endometrium, which prohibits further applications for a time, until this has subsided. There is always associated with inflammatory conditions of the appendages a sensitive condition of the endometrium, which will sometimes restrict the increase of the dose beyond 50 or 60 M. And in some cases it is quite unnecessary to exceed this dose, for it will often accomplish all that is desired.

When the case does not progress satisfactorily, nor bear the intra-uterine treatment well, or when all the good possible has been accomplished by the intra-uterine applications, the *positive* vaginal galvano-puncture is done. A small fine-pointed needle is used, which is not insulated as it passes through the tissues, and the puncture is made to a depth of only half a centimetre—just enough to enable the current to gain access to the disease. Marked benefit will follow these punctures if the indication is appropriate; and it is seldom necessary to exceed 50 M. used for five minutes, which often the patient can bear without an anæsthetic. When necessary, a very little chloroform may be given to take off the rough edge, for punctures are more painful than the intra-uterine applications. Usually the benefit from a puncture of this kind will be at once noticeable. A sensitive spot in the pelvis, which previously was so tender that the slightest touch caused the patient to flinch, will afterwards be so much changed as to allow considerable manipulation. The patient may suffer an aching in the pelvis for a varying period during the first twenty-four hours, but after this passes off, she begins to notice a decided improvement in her previous condition, which continues. In some cases, one puncture will be sufficient, the cure being completed by the intra-uterine applications. A wonderful change is often brought about—the previous sensitive condition has disappeared, and with it the fulness or thickening in the broad ligament, which was plainly noticeable to the touch before. One puncture will not always be sufficient, and when others are necessary they may be done at intervals of a week.

The method of procedure is this, viz: The vagina and vulva are douched with an antiseptic solution; the insulating sheath, which covers the needle, is passed along the finger to a point previously selected. Care must be observed to avoid a pulsating vessel, and the lateral surface of the vaginal vault is to be preferred. Selecting the most sensitive spot then, with these precautions, the sheath is held firmly against it, and the needle is passed through it and into the tissues to the limit previously fixed by a set screw on the handle of the instrument. Apostoli uses a steel needle, and destroys one every time by the action of the positive pole. I have had a needle made with a steel shank and a platinum point which screws into it. This needle will last for some time, when the point will become dulled and require sharpening. After the application, and when the needle has been withdrawn, a loose iodoform or creolin gauze tampon is placed in the vagina, and renewed every twenty-four hours.

The positive puncture is to be preferred where it is effectual, because it provokes less irritation. Under its influence, absorption is promoted, though in a less degree than by the negative pole. Even in exudations, especially if recent, the positive puncture will promote and hasten absorption, but some exudates require the negative puncture, which is more powerful to effect absorption.

While the intra-uterine galvanization has for its object the accomplishment of a cure of the inflamed appendages by attacking first the inflammation of the endometrium, which almost always coexists and which in many cases has been the origin of the trouble (the inflammation of the tubes being an extension of the inflammation from the endome-

trium), the galvano-puncture aims at a cure by bringing the current into direct contact with the diseased structures. It may not be essential to actually penetrate to the interior of the tube, unless it is distended, and then, where feasible, it is better to draw off the contents with a fine canula and introduce the current through the canula afterwards for its effect upon the tube. In many instances an inflamed tube may be cured by the intra-uterine galvanization alone, especially if the applications are localized in the cornua of the uterine cavity on that side, and the applications are persisted in. It is sometimes possible even to employ a distended tube in this way where the proximal end is only obstructed by an inflammatory condition. By relieving this condition, drainage into the uterine cavity can be accomplished. But if the tube is flexed at this point and dragged down by its increased weight, or fixed in a prolapsed position by an inflammatory deposit or adhesions, it will be impossible to effect drainage in this way until the distended tube has been emptied and the inflammatory condition and adhesions have been removed. Frequently when the prolapsed and distended tube has been emptied by the method which I have designated galvano-tapping, the tube is relieved of the weight which drags it down, and, if there be no adhesions, it will rise again to somewhat its normal position and the intra-uterine applications will enable any subsequent drainage to take place by the natural channel into the uterine cavity.

But the condition will not be appropriate for aspiration and drainage by the vagina unless the tube is greatly distended and close to the vaginal wall within easy reach; for I limit the penetration of these aspiration to one centimetre in depth, and deem a puncture which does not exceed this to be perfectly safe if the location has been properly selected. It is seldom necessary to exceed a depth of half a centimetre, but the sheath on the canula is arranged so as to allow a penetration of one centimetre when necessary.

Observing the same antiseptic precautions as for puncture, the point of the trocar is drawn within the canula and passed along the finger in the vagina which guides it to the spot selected. The needle must penetrate easily so as not to endanger rupture of the tube, and, if it does not, the handle of the trocar may be connected with the negative pole and 15 or 20 M. turned on to facilitate its entrance. Withdrawing the trocar when the canula has penetrated to the distance allowed by the sheath, the sac is emptied with the aid of the aspirator.

If the case be one of hydrosalpinx, the negative pole is then connected with the canula and 50 M. is used for five minutes. If it be pyosalpinx, the cavity is washed out with an antiseptic solution, as an extra precaution, and the positive pole is used through the canula with 50 M. for five minutes. The effect of the current is to cauterize the track of the canula, shutting it off from the tissues which are penetrated, thereby preventing extravasation and the absorption of septic material. At the same time an exit is furnished for subsequent drainage until the puncture closes.

I have been able by this means to relieve and cure a number of cases where otherwise a removal of the diseased structures would have been necessary, and that, too, without risk to the patient and without a prolonged confinement in bed.

The vaginal galvano-puncture is particularly applicable to those cases which are designated as fulness and thickening in the broad ligament, the condition being one that was formerly known as chronic pelvic cellulitis, and which really is a mass of exudation with adhesions surrounding the tube and ovary, which are or have been in a state of chronic inflammation. Here the puncture which brings the current directly into contact with the diseased condition will accomplish what will not be possible by any other means. And the reason is obvious, for by it there is obtained the polar, as well as the interpolar action of the current. By the other methods of application, the interpolar action alone is made use of. In this we have as much *plus* the polar action. By

the method which makes use of the interpolar action only, it is possible to cure some of these cases ; but it is slow and often ineffectual, and there is more satisfaction in combining the two.

If I have omitted to describe all of the conditions under this head for which this treatment would be appropriate, I trust I may be pardoned, because of the limited time at my disposal.

BALTIMORE MEDICAL ASSOCIATION.

STATED MEETING, HELD DEC. 23RD, 1889.

Dr. J. D. Blake reported the following case :

A woman, primipara, about to be confined. At night, her husband was awakened by the shaking of the bed, and frightened, ran rapidly for Dr. James Bosley, and sent for Dr. Blake. Dr. Bosley thought it a dangerous case of puerperal eclampsia. Convulsions continued, notwithstanding the various drugs administered. Finally, rapid delivery was made. The woman remained unconscious for four days. She had a peculiar pulse, oscillating from 140 to 110. Recovery was gradual and slow. For two weeks after recovery *sight* was impaired. Pupils, widely dilated, did not respond to light. Now there is a gradual recovery of sight, but she is still unable to read the paper. She has no knowledge of the delivery, nor anything else that occurred at that time nor for three weeks after. He has never seen before a case where there was such a complete blindness. The œdema is gone ; the kidneys act well. He did not see her till he found her in convulsions, 3½ weeks of term.

Dr. R. H. P. Ellis said he found no better remedy than potass. bitart. given in ʒss to ʒi doses every two or three hours, after eating, when albumen is found in the urine.

After you find your patient in that condition, the indications are, not to stimulate the kidneys, which have been doing work as long as possible. Establish a vicarious urination, using the skin. For this, pilocarpine, giving the amount the heart will bear, will bring on a violent perspiration, carrying off a great deal of deleterious matter of the waste products. He has seen from it marked effects, especially in a case of œdema, following scarlatina. In this he gave gr. $\frac{1}{12}$ every 3 hours for two days.

Dr. Blake thinks, with a pulse of 140 we should be very careful how we give pilocarpine.

Dr. Ellis thinks that though it stimulates the kidneys, cream of tartar lessens the irritation by changing the character of the urine, and adds the good effects of catharsis and sweating.

Dr. J. T. King reported : A male complained of breathing fast and heart beating rapidly. Gave him bromide. Next night he called again, with some symptoms, and the third night, as before. He had been married eight years, and had had sexual intercourse every night. Thinking that the cause, interdicted it, allowing him but three times a month. He followed directions and got relief.

Dr. T. A. Ashby : A woman 30 years old, with old pelvic inflammation and a displaced ovary which could not be replaced except by an operation. She has pelvic pains, menstruates with profuse blood, and coitus is painful.

Examination revealed only a swelling in the fornix. No fever, nor sign of pus.

Diagnosis : Prolapse, held in place by inflammatory matter. Uterus firmly fixed after four weeks of observation, using hot water, etc. There was no improvement, so an exploratory incision was made Dec. 21, 1889. Diagnosis proved correct. The ovary was encysted and seemed to be walled over. It was peeled out. The wound enlarged, the tube affected. It was decided to remove the ovary ; the other ovary, normal, was left. The tube of the diseased one was obliterated ; the ovary was full of cysts ; the corpora lutea of ordinary were present and normal. The woman at present is doing well. She has no bad symptoms; pain is relieved. He

thinks the operation advisable and useful.

Dr. Ellis: To what was the obliteration of the tube due?

Dr. Ashby: An old salpingitis, the pus elements absorbed, and inflammatory lymph left. The peritoneum was not involved.

Dr. Randolph Winslow: Case, a lady, during menstruation, caught cold; menstruation was arrested, causing peritonitis. After getting well, she had occasional attacks of peritonitis. Had pain with nausea and pain in side during menstrual period. There was a hard swelling on the right side. On opening abdomen, nothing was found. No landmarks on the right side, but the ovary was finally found of three times its ordi dary size, and filled with blood-cysts. On the other side there was some peritonitis. The left ovary, not being diseased, was left. She is now considered well, and has no pain. Another similar case had also gotten well. He did not think it necessary to remove both ovaries. By leaving one, it left sexual feeling and did not bring on menopause.

Dr. T. A. Ashby said he never opened abdomen without seeing conditions that proved his action justifiable. Tait will not make a full diagnosis till he opens the abdomen.

He thinks it best to save an ovary if possible, as he believes the sound one left will continue function.

The other ovary could not discharge except into the abdominal cavity, and these are the cases causing abdominal pregnancy. The blood-cysts, six in number, were of the size of a cherry.

Dr. R. H. P. Ellis presented a specimen from the folllowing case: A woman menstruated the last of July, 1889. On the 12th of Sept. she received some potatoes by lifting, and was taken with flooding. Pain lessened and hæmorrhage ceased after an acute attack of pain and discharge of fœtus. She got better, but had every few days some little bleeding. He saw her a month after it occurred. Since miscarriage she said she had pain. He told her he thought a portion of placenta had been left, causing the bleeding. He gave her ergot and quinine. Bleeding got better, but still continued. Dec. 23 he was called in and found her with cramps, and a mass passed from her, with a mass in it which he presented for inspection. The surface shows it has not been decomposing, but is fresh. This shows that a placenta may be retained without poisoning. This has remained three months. It also shows while she was taking ergot, gr. i, t.d., it had the tendency not to expel the mass. The uterus should have contracted and expelled the mass if the old idea be right that ergot not only acts on the muscular fibres, but shuts the os. He thinks instrumental procedure better. He thinks a small part of placenta more apt to cause sepsis than a whole one.

Dr. Thomas A. Ashby: In killing the fœtus by electricity, this shows that the placenta can be left. He thinks the size of the placenta shown by Dr. Ellis larger than a two month's placenta.

STATED MEETING HELD JAN. 13TH, 1890.

The following officers were elected for 1890:

President: Dr. J. W. Chambers.

Vice-Presidents: Dr. R. H. P. Ellis, Dr. Geo. B. Reynolds.

Recording and Reporting Secretary: Dr. H. B. Gwynn.

Corresponding Secretary: Dr. E. S. Crutchfield.

Treasurer: Dr. J. T. King.

Executive Committee: Dr. Thomas A. Ashby, Dr. Randolph Winslow, Dr. Wilmer Brinton.

Committee of Honor: Dr. S. T. Earle, Dr. A. M. Belt, Dr. H. H. Biedler.

HENRY B. GWYNN, M. D.,
Recording and Reporting Sec'y.
724 N. Gilmor St.

A cable despatch announces that a Mr. Thomas Hope, of New York, has bequeathed £80,000 ($400,000), to found a hospital at Langholm, Scotland, where he was born.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

STATED MEETING HELD NOV. 14TH, 1889.

The 700th, regular meeting of the Society was called to order. Dr. Wm. H. Norris in the chair.

Dr. Wilmer Brinton reported

A FATAL CASE OF PURPURA HÆMORRHAGICA.

Was called to see a girl æt. 9, who had been sick about three months. About the 1st of July the parents noticed spots over the left eye and face. She was taken to druggist, who is also a physician, for treatment. When seen by Dr. Brinton she was very anæmic, pulse 150. There were bleeding spots on the lips and gums and ecchymosis of the conjunctiva. She had been in that condition for about ten weeks. Spleen and heart were normal a subsequent examination of the urine by tests for albumen and sugar, and by the microscope proved it to be normal. A bad prognosis was given, and iron and ergot in separate bottles, were ordered, with compresses of alum to the lips. The hæmorrhages was somewhat controlled by the alum compresses. Late the next night (Saturday), she had intense pain and vomiting, and on Sunday morning the iron and ergot were discontinued. Pulse 150 to 170 and marked dyspnœa. Monday evening she was comatose, Tuesday morning the coma was profound, and on Tuesday night she died. He (Dr. B.), said he had never seen a case of purpura in one so young. There seemed to be no special cause for it in this case. He had seen it as secondary to other troubles. The profound anæmia he attributed to loss of blood; she had had a tooth pulled about two weeks before, which was followed by very profuse hæmorrhage. He learned after the death, that Dr. Cathell had seen her once.

Dr. D. W. Cathell said he had seen her once, but as he could not give her the attention the case demanded, he advised that another physician be called who could give her proper attention. He prescribed syr. ferri iod., nourishing food and hygiene. So, having so limited a knowledge of the case, he could not add anything to the history of it. The father, and in fact the whole family are of a strumous diathesis.

Dr. M. B. Billingslea said he had attended one case in a syphilitic family which as yet had not proved fatal, but which is recurrent and stubborn. Another case in rheumatic family, three of the members of which have died of cerebro-spinal meningitis. This one who has purpura, had a mild case of cerebro-spinal meningitis, from which he had recovered. An attack of purpura simplex was cured before in the case. Last year he (Dr. B.), had attended him in another attack, which he classed as purpurarheumatica, during the course of which he had had fifteen or twenty crops of purpuric spots. There was some rheumatism and endocarditis. He had one severe hæmorrhage from the bowels and kidneys which was followed by profound anæmia. He then had acute Bright's diseases which had gone on to a chronic condition. A short time ago he was called to see him with another attack of purpura and found the urine loaded with albumen. Another important symptom in this case, which is said to be very rare, is that he had extensive desquamation over the body and legs, from which he was about six weeks in recovering.

Dr. Randolph Winslow read a paper

ON INJURIES TO THE BLOOD VESSELS DURING OPERATIONS IN THE AXILLA.

(*See page* 400.)

J. W. Chambers said in August 1886, he removed a small sarcoma from the upper portion of the pectoral muscle, on the line of the nipple, in a German baker. In six months it returned under the lower border of the cicatrix. It was removed this time by Dr. Coskery. It again returned in four months and was again removed by (Dr. C.), and in this operation both pectoral muscles were removed. In removing the growth the axillary vein was ruptured, and as the artery was found to be pressed upon by the growth, he ligated both vessels and removed them with the tumor. The wound was dressed antiseptically and the patient made a good recovery. He died thirteen months after of sarcoma of the lungs.

At Bay-View Hospital he ligated the

common carotid about an inch above the clavicle and both the internal and external carotids above. He could not find the veins so removed both tumor and veins. The patient died in 36 hours and the autopsy the veins showed a tendency to heal. He (Dr. C.), said he had no fear in ligating veins, he was of the opinion that air getting into the veins and proving fatal, was merely a matter of superstitious respect for old notions. Some recent experiments where air had been forced into the veins were followed by no trouble.

Dr. Randolph Winslow said he must dissent from Dr. Chamber's view of no danger following the admission of air into the veins. He thought it was a real danger, it had never occurred with him, but he thought that if it should occur it must prove fatal. Under similar circumstances, as in CASE III., he did not think he would undertake an operation. If the tumor were a sarcoma and had not involved a vessel, it might be safe. But in carcinoma, which is developed through the lymphatics, he does not think it proper to operate. It is of interest in vivisection, showing the large amount of tissue that can be removed without immediately causing death.

Dr. J. W. Chambers related a case of

PRIMARY CANCER OF THE KIDNEY,

and exhibited specimen. In February 1889 was called to see a male child 18 months old. It was the first child of robust German parents. It seemed to be in broken health; he would cry on being moved and was peevish and cross, was pale and had a bloated, waxy appearance. Appetite irregular. No elevation of temperature, and the clinical manifestations were not at all definite. He (Dr. C.) saw it about once a week until April, by which time a careful examination revealed an abdominal tumor which could be clearly mapped out. Its shape and position led him to believe it to be a tumor of the kidney. An examination of the urine showed nothing to indicate any disease of the kidney. The child did not emaciate rapidly. He diagnosed sarcoma of the kidney because sarcoma is more frequent in children. The child died on the 6th day of June. The post-mortem showed a very much enlarged kidney, the tumor was posterior to the peritoneum and there was no involvement of any other organ. The size of the growth, and the youth of the patient were remarkable. Microscopic examination showed it to be an encephaloid cancer of the kidney. These tumors are the largest, except ovarian, of the abdominal tumors.

We are told that primary cancers in the young, are as likely to attack the kidney and liver as any other organ, and that an exceptionally irritable bladder in a child, excluding stone, should suggest cancer of the kidney. This was not the case in this patient and there were no clinical manifestations indicating disease of the kidney.

Dr. Randolph Winslow said cancers of the kidney in the young had been removed, but they were universally fatal and therefore should not be done.

Dr. Chambers said, in the case reported, as there was no involvement of any other organ whatever, it was a favorable case for removal, but as this condition was only revealed at the post mortem, and owing to the universal fatality attending such operations heretofore, it was not attempted.

Sarcoma can usually be traced to some traumatism, but in these there can be no cause assigned.

Dr. David Streett said, Flint and Welch make the point that cancer of the kidney shows no heredity. Blood in the urine is insisted upon by most of the authorities; they say you must have a tumor and hæmaturia.

Dr. Chambers said he looked over the literature on the subject, and found that in a small number of the cases reported, there was no hæmaturia. Moxon says the urine rarely throws light on this kind of cancer. The tumor was in the lumbar region, and there was a line of tympanitis between it and the colon and between it and the spleen, and as the patient was a boy, the congenital ovarian tumor could be excluded. Had the patient been a girl it would have been more difficult to have arrived at a positive diagnosis. The clinical symptoms, as stated, did not point to disease of the kidney; there was no cough, no vomit-

ing, and there was no history of cancer in the family.

J. Wm. Funck M. D.,
Reporting Secretary.
1710 W. Fayette Street.

NURSES AND DOCTORS.

One of the most commendable movements of the last quarter of a century is the establishment of training schools for the education of nurses in connection with our large hospitals. The hospital trained nurse, since the time when Florence Nightingale went to minister to the sick and wounded soldiers in the Crimea, has made herself an indispensable need, and since the movement of educating women for this high calling was set going, thoroughness of work has been the object of those who have had the undertaking in hand. Not only has the nurse-graduate of to-day had a moral and educational training, but, before she leaves the wards of the hospital, disease in its manifold forms and varieties has become familiar to her. She has had opportunities in these wards of studying more than disease; she has spent her whole course of two years in the company of sick persons and has learned how they think and act, and she has acquired the art of ministering to their ever-present sufferings. Her education, in short, is clinical, but not entirely clinical, for the practical work is supplemented by a modicum of book work, enough to enable her to see the reason why symptoms occur and the principles on which an attempt is made to relieve them.

Under our present system of medical education does the young doctor enter upon his career as well equipped? After his three years' training he is supposed to have learned as much as the nurse and a great deal more. He is expected to take charge of cases, form the diagnosis, and direct the treatment, hygienic and medicinal, and the nurse is to occupy a subordinate position and obey orders without a murmur. Now, supppose that both start with their first private patient, which knows most about the case?

Take a case of typhoid fever, for example. The young doctor has read more, he understands the pathology better, and very probably can repeat the list of complications (learned at a quizz-class), more glibly than the nurse can. But he has never watched a case from beginning to end, he has not had an opportunity himself of intimately observing all the ins and outs of the disease, the peculiarities of patients, the frequency of occurrence and significance of complications. In short, he is worried and perplexed over his case and can not help showing it, while the nurse is at her ease and feels at home in her work. This is soon perceived by the anxious friends, and dependance soon comes to be placed upon the words and opinions of the trained nurse, while the reputation of the doctor gradually wanes. The fact is, the educational system by which our young friend was made a doctor is at fault, The nurse spent all her pupilage in the wards, the doctor spent all his time in the lecture-room. He learned science, she learned art; and patients like and admire art, while they, at the time of their sickness at least, do not appreciate the beauties of science. Bedside experience was not required of him as a student, but nothing else but bedside experience is required of him as a practitioner, A dissecting-room and dead-house experience and training afford no comfort to a living patient.

The moral to be drawn from this comparison is obvious. If we are going to educate our nurses to such a high degree, we must educate our doctors to a very much higher one, for, to retain the confidence of the patient, the physician must be in supreme control of the case and of every one in connection with it. A nurse is the assistant of the physician, as woman is by nature the helpmeet of man. She understands her position when she accepts her duties, and these we find are done thoroughly; we ought, therefore, to see that our part of the duties is properly performed. Until young practitioners are sent out with more clinical training this happy state of affairs can hardly exist.—*N. Y. Med. Journal.*

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BALTIMORE, MARCH 22, 1890.

Editorial.

COMMENCEMENT OF THE COLLEGE OF PHYSICIANS AND SURGEONS.

The College of Physicians and Surgeons closed a very successful year, and after examination, seventy-three men received the degree of M. D. at the Academy of Medicine last Tuesday. About the unfortunates who failed, little need be said, but the results showed an endeavor towards higher education and better doctors. The Dean, Dr. Thomas Opie, had sufficiently recovered from his rececent severe illness, to be present and officiate.

Besides the Faculty and invited guests, Rev. Dr. J. S. B. Hodges, who opened the exercises with prayer, and Cardinal Gibbons, were present. The Dean announced the graduates, and Professor Charles F. Bevan conferred the diplomas on the following men:

From Maryland, John S. Dorsey, J. Friedenwald, A. B., E. C. Garee, L. H. Gundry, E. H. Hinman, Thomas H. Lynch, S. McCleary, William T. Pratt, William T. Riley, W. S. Richardson, Bartus Trew; from West Virginia, A. B. Ballard, Robert Lee Grimes, I. E. Bea, S. R. Holroyd, J. W. Martin, D. M. Shaeffer, R. V. Shindey; from Virginia, J. W. Harrison, J. J. Baker, J. L. Pulliain, W. W. Robertson, B. L. Rex, W. H. Siple; from Pennsylvania, E. E. Bush, W. B. Clark, J. L. Christian, Sheldon G. Evans, W. H. Minnich, J. S. Miller, M. H. Murphy, W. L. McGrew, J. A. Shatswell, H. B. Summerville, E. F. Scanlan, G. W. Wood; from Ohio, W. E. Clymer, J. E. Powell, W. H. Woodworth, J. W. Ward; from Georgia, T. N. Baker, R. T. Dozill, Jr., P. E. Wilkin; from Texas, V. Andrews, Dennis Miller; from North Carolina, N. M, Blalock, Wm. McAllister, J. F. Sanderford, J. B. Watts; from South Carolina, B. R. Brown; from the District of Columbia, L. S. Nicholson; from Rhode Island, T. F. Black, G. S. Hazard; from New Jersey, G. W. McMillan, Wm. R. Smith, Jacob Wolfe; from New York, J. M. Horton, F. E. Lilly, G. C. Thayer; from Utah, S. H. Allen; from Nebraska, H. Arnold; from Mississippi, B. M. Bishop; from Illinois, Walter S. Blaisdell; from Massachusetts, Charles E. Chagnon; from New Hampshire, A. H. Petit; from Kentucky, G. G. Perry; from Louisiana, Guy A. Shaw; from Missouri, V. L. Todd; from Connecticutt, Wm. T. Wilson and R. H. Moloney, and G. B. Wood, U. S. A. The honorary degree of medicine was conferred upon C. Hampson Jones, M. B. Edinburgh.

Professor Richard Gundry, M. D., then announced the following prizes: First college prize (Brown memorial), Julius Friedenwald, A. B.; second college prize (Howard memorial), Sheldon G. Evans; third college prize (Erich memorial), S. H. Allen; fourth college prixe (Lynch memorial), S. J. Baker; fifth college prize (Coskery memorial), H. J. Arnold; Nicholson prize (anatomy), A. B. Ballard; Rickert prize (obstetrics), Sheldon G. Evans; Nash prize (surgery), Standish McCleary.

Those worthy of honorable mention were: S. McCleary, A. B. Ballard, E. H. Gundry, Robert Lee Grimes, Jacob Wolfe, Dennis Miller, Thomas N. Baker.

After a very eloquent valedictory address, full of good advice, from the Right Reverend Bishop John J. Keane, Rector of the Roman CatholicUniversity, at Washington, and the benediction by Cardinal Gibbons, the exercises closed.

The annual banquet of the Alumni Association of the College of Physicians and Surgeons was held in the evening at the Eutaw House. About one hundred and fifty persons were present, among whom were some of Baltimore's most prominent physicians. The banqnet was the annual reunion of the association. The toasts were offered and responded to as follows: "The Alumni Association," Dr. J. H. Branham; "Class of 1890," Dr. T. N. Baker; "The Honor Men of the Class," Dr. Sheldon G. Evans; "The College of Physicians and Surgeons," Prof. George Preston; "The Faculty," Prof. A. Friedenwald; "The Benedict." Prof. Geo. H. Rohé; "The Last Diagnosis," Dr. N. G. Keirle. The officers of the association, all of whom were at the banquet, are: Drs. W. Frank Hines, president; Sheldon G. Evans, first vice-president; W. J. Todd, second vice-president; Harry Friedenwald, secretary, and J. F. Morton, treasurer.

THE COMING MEETING OF THE STATE SOCIETY,

Reference was made last week to the April meeting of the State Society, and suggestions made as to the section work.

In looking over the records of this society, it is seen that many sections and members not in sections have been industrious and have done their work with some show of earnestness. Indeed, a few of the papers were of a very high order. But it has not unfrequently happened that a section's work is very carelessly done, and often shows signs of late and hasty preparation, such report being usually prefaced with the unpardonable confession that the chairman of the section did not know he held that position, or some other excuse equally as weak.

Now, some chairmen will be inactive, even if they are fully aware of the duty on their shoulders. This is because they take no interest in the work. So as all members of each section, including the chairman, are not elected, but appointed by the president, who is elected, it follows that the election of a good hard-working president will ensure a successful meeting for 1891.

Those who saw the energy that collected promises for a large increase of membership at the coming meeting and gave a few men in Western Maryland the idea that the State Society was not a local organization, will fully appreciate that the same energy is necessary to makethe annual meeting a success.

Therefore elect a president,not because he is a member of this or that medical school or clique, but from the few who

by their experience, position and interest in the welfare in the Society have shown their fitness for this position. Such a president will put workers and not idlers in the sections, and these workers will put the energy in acceptable papers.

Reviews, Books and Pamphlets.

Massage and the Original Swedish Movements; their Application to Various Diseases of the Body. By KURRE W. OSTROM, Instructor in Massage and Swedish Movements in the Hospital of the University of Pennsylvania, etc. Illustrated. Philadelphia: P. Blakiston, Son, & Co., Pp. vi–9 to 97. Price 75 cents.

It seems a pity that massage cannot be more frequently advocated by one who is both physician and masseur. The average masseur or masseuse, not a graduate in medicine, is apt to overrate the value of massage, and yet no one can help feeling that this subject is one of great importance to, but little understood by, the American physician. Unfortunately books however good, on such subjects rarely make much impression unless on one who has had some opportunities to study the practical workings of this important part of therapeutics.

This book treats in a very concise and clear manner all the various kinds of massage, and illustrates each point by very good plates and engravings liberally scattered through the text. The author has treated his subject very satisfactorily. He thinks that the masseur should be recognized and given a proper place, he should be obliged to pass a required examination, and be registered, and he very properly adds that with almost no exception the operator in massage should be of the same sex as the patient operated on. This is one of the best books of the kind, and its brevity will bring it many readers.

Monthly Nursing. By A. Worcester, A.M., M.D., Fellow Mass. Medical Society; Physician to Waltham Hospital. Second Edition. New York: D. Appleton & Co., 1890. Pp. 250. Price $1,25.

This book which is a second edition, unchanged and unrevised, is the outcome of a series of lectures delivered to the nurses at the Boston Lying-In Hospital. It is divided into a preliminary chapter, the Care of the Mother, the Care of the Child, emergencies, a list of receipes and a glossary of medical terms. In a lecture this instruction with demonstrations is probably clear, but when read without illustrations to assist the description, such a book would be of little use to the beginner, and is in part too elementary for the experienced nurse. Looked at from a physician's point of view, it is exceedingly clear aud the minute attention to detail which so usually escapes notice, is of especial value. The absence of illustrations and descriptive diagrams is a great fault of the book.

A Manual of Nursing, Medical and Surgical. By CHARLES J. CULLINGWORTH, M. D., F. R. C. P., London, Obstetric Physician to St. Thomas's Hospital. Third Edition. Philadelphia: P. Blakiston, Son & Co., 1890, Pp. 190. Price $1.00.

This little manual covers the ground fully and concisely, and its convenient size makes it a useful hand-book for the nurse. The chapters on antisepsis and decomposition are very modern. "Massage" and "rubbing" and "Weir-Mitchellism," are all used interchangeably as synonyms. This is not strictly true. The form of the book is convenient and the description clear, but the lack of illustrations is too manifest.

Medical Items.

Dr. Harry Friedenwald has returned to Baltimore after studying abroad.

An epidemic of diphtheria of a most violent form is raging in Luzerne county, Pa.

Sir Morell Mackenzie has won his libel suits against the papers in London.

Dr. Frank Donaldson, Jr. is said to have returned to this country, or is expected in a short time.

Dr. George W. Truitt, of Pocomoke, Md., was run over by a buggy in Richmond, last Wednesday, and seriously hurt.

The 58th Session of the British Medical Association will be held at Birmingham, from the 29th of July to the 1st of August.

The Adulteration of Food bill has passed the Legislature and is awaiting the signature of the Governor.

The University of Maryland Training School for Nurses will begin lectures next month.

The medical schools all over the country are turning out doctors on the unfortunate public.

There is nothing a woman likes better than to get hold of a sick man who likes to try remedies.

The *Pittsburgh Medical Review* says that the report that two prominent surgeons of that city left a pair of forceps in the abdominal cavity of a woman after operation, is entirely without foundation.

The attempt to turn Spring Grove Asylum over to the "political machine" has so far been checked and from present prospects Dr. Gundry will probably hold the position which he has so creditably filled for many years.

Although Dr. Morfit, from the Committee on Healt, reported favorably on the ordinance for the erection of a morgue for the city, the Council tabled the ordinance and will make some arrangement with an undertaker.

There is said to be a great dearth of medical practitioners in Hayti, many even of the larger towns in that uneasy island being without a doctor of any sort. Life in Hayti is not pleasant enough to tempt many to take up their residence there.

Dr. Huxley, son of the eminent lecturer, is about to marry one of the nurses in St. Bartholomew's Hospital. She turns out to be a lady of wealth and culture, who had become a nurse from choice, not necessity. There is a somewhat similar case in this city.

The Alumni Association, of the College of Physicians and Surgeons has awarded the following prizes: First prize, $100, to Drs. T. W. Kay, of Scranton, Pa.; second prize, $50, divided between Dr. J. H. Branham and Dr. F. D. Sanger, of Baltimore.

By a recent decision of the Trustees of the Johns Hopkins Hospital, the colored and white patients which had formerly occupied wards together have been separated. This change was made probably in deference to public opinion, as the white patients had not complained of the old arrangement.

The appeal from this city for reform in medical education is attracting extended attention in the medical press. The *North American Practitioner*, of Chicago, prophesies that few colleges will have the interests of the profession and the public sufficiently at heart to take part in this discussion at Nashville.

The *Boston Medical and Surgical Journal*, in noticing the apbeal from Baltimore medical schools for better doctors, very naturally shows its surprise at discovering six institutions in Baltimore with power to confer medical degrees. It would probably have a severe convulsion it it could see some of the schools.

The *Times and Register* in describing a magnetic healer who has settled in Philadelphia, gives quotations of this quack's

assertions which strangely enough correspond verbatim to the words of a "Dr." Kennard of this city, who recently offered a misspelt death certificate to the Health Office. Let us hope this "doctor" has gone to the City of Brotherly Love.

The Health Board consisting of the Mayor, Health Commissioner and Assistant Health Commissioner have elected Dr. N. G. Keirle Medical Examiner and Dr. J. B. Schwatka Assistant Medical Examiner. The Medical Examiners will not only make the post-mortem examinations as heretofore but will also be expected to give expert testimony in medico-legal cases for the city.

Dr. Michael, of the Maryland University, urged the passage of the bill as it is, and said that any delay on account of the amendment, so near the end of the session would probably defeat the bill altogether. Dr. Michael smoothed over matters in a way satisfactory to the disagreeing homœopathic factions and it is probable that the bill will become a law without further opposition.

Another style of quackery has reached this city. A certain "Dr." has made a scientific discovery of the proper treatment for health and longevity, which he will impart to deluded patients and other mild idiots for the price of $4 and the signing of a pledge not to reveal the secret of the treatment. Physicians may also have the opportunity of enlightening themselves. Was there ever more need of an efficient law to protect against such fraud as now?

A number of physicians were before the Committee on Hygiene last Tuesday in regard to the bill to regulate the practice of medicine in the State. Two opposing delegations of the homœopaths had a lively altercation over an amendment to the bill, which gives the president of their society the power to appoint the homœopathic examiners for the board provided for. Drs. Shearer and Barclay favored the amendment, and Drs. Chandley, Janney, Drain and others opposed it.

A cable dispatch from Berlin says: At a meeting of the medical society in that city, Dr. Janiczewski showed an important invention called the pneumatoscope, which permits an exact differential diagnosis of all affections of the lungs. The instrument has two auditory tubes connected and with an ear-piece for the physician. The inner tube has a swinging membrane which, when placed in the patient's mouth, registers the different irregularities of sound caused by disease of the lungs and the bronchial tubes.

The postal card on which certain diseases are to be reported to the Health Office contains in one corner the following diseases to be reported "small-pox, diphtheria, scarlet fever, yellow fever, typhus and typhoid fever, cerebro-spinal meningitis, cholera," and *all other infectious and contagious diseases.*

An ordinance has been introduced into the City Council adding measles, whooping-cough, pseudo-membraneous croup and mumps to the list, surely the expresslon above in italics would cover all such cases.

The proprietors of a certain food, not satisfied with advertising in the street cars and other conspicuous places, have adopted a still more unpraiseworthy method of bringing their products before the public by entering suit for a large sum against the J. B. Lippincott Co., of Philadelphia, for certain alleged misrepresentations made in regard to their food in Keating's *Cyclopœdia of Diseases of Children.* As most baby foods are worthless, and are more frequently sold directly to the public than prescribed by physicians, the notoriety of such a suit will not be small. Meanwhile physicians will do well to use only those foods about which they can freely express opinions, provided such foods are good.

A singular use of the New York act prohibiting the betrayal of professional confidence was made in a recent habeas corpus case. A patient of an insane hospital sued out a writ of habeas corpus. When the hospital physicians attempted to show cause why they retained him, objection was raised on the ground that they were debarred from so doing on the ground that they would betray professional confidence. The court sustained the objection and discharged the patient as a sane man. It certainly looks like a legal absurdity to summon a physician to show cause why he did a certain thing and then refuse to allow him to testify, on the ground that by so doing he betrays professional confidence. The truth is, the lawyer who defended the doctor was ignorant of the fact that the commitment of a patient to an insane hospital, pending recovery, made the physician an officer of the court with whose duties the professional confidence act had no concern.

Original Articles.

FOREIGN BODIES IN THE AIR PASSAGES.

BY FRANK C. BRESSLER, M. D.,
OF BALTIMORE.

Among the numerous accidents to which a doctor is often called, one of the most distressing is that of the lodgment of a foreign body in the air passages.

By the term air passages we mean and include the larynx, trachea and bronchi. The most frequent period at which this accident occurs is either in childhood or old age. The frequency of children putting foreign bodies into their noses or mouths readily accounts for its occurrence at this period of life; while in the aged, the blunting of sensibility of the larynx, imperfect mastication and slower muscular movements, renders the entrance of foreign bodies the more readily.

Statistics show, of all foreign bodies, that the bean is the most frequent, averaging about one fourth of all the cases reported. It is remarkable also, what foreign bodies of such varying types have been found in the air passages.

The symptoms following the introduction of a foreign body into the air passages, depend upon its size, form, structure and number. Thus a small body may give rise to no symptoms whatever; again, it may be the factor in the development of serious lung disease later on.

Solid bodies are usually classified as regards form, into these classes: regular, irregular and hollow.

The regular comprise beans, marbles, coins, etc.

The irregular comprise stones, shells, tacks, etc.

The hollow comprise pipe stems, rings, whistles, etc.

The hollow body when introduced into the air passages may give rise to no symptoms of any moment, provided its lumen corresponds to that of the axis of the air passages, and of course the lumen must be nearly the same size as that of the bronchial tube, in which it is arrested.

Since the air passages may be likened to tubes progressively diminishing in size from above downwards, the location of the foreign body consequently would depend much upon the size of the tube it has to travel through. However, pins, nails, tacks etc., form an exception to this rule, since they depend more upon the way they enter and the force used in aspiration, than their form.

I may just here say, that the rule is, all foreign bodies in the air passages are generally single, however, Gross reports cases in which two, three and four foreign bodies entered simultaneously.

As regards the seat of foreign bodies, it has been observed that more foreign bodies are found in the larynx than trachea, right bronchus than left. It is probable that in the larynx, foreign bodies are arrested oftener than in the trachea, owing to the abundant nerve supply of the larynx; hence, a foreign body entering it, induces spasmodic contractions of the laryngeal muscles which close the glottis, cough follows immediately which either expels or dislodges it.

The frequency of foreign bodies in the right bronchus depends firstly, upon the anatomical arrangement; secondly, to a point to which Mr. Poulet called attention, namely, aspiration. The right tube and lung substance being larger than the left, hence, more air enters right side. This, acting as a power, so as to speak, directs the foreign body in a direction to which the greater power is exerted.

Mobile bodies may locate themselves anywhere in the air passages, but most frequently in the trachea.

When a body lodges in the larynx, it may locate itself in the following places: 1. Above glottis or supra-glottic. 2. In the glottis or glottic. 3. Below glottis or sub-glottic. The most frequent seat is the supra-glottic region.

In the trachea the situation is variable. If the foreign body is not too large it moves with the corresponding air cur-

*Read before the Medical and Surgical Society of Baltimore, December 12th, 1889.

rent. Foreign bodies, however, rarely fix themselves in the trachea unless there should be some mucus of a very tenacious character present or the irregularities of the foreign body are such as to cause them to penetrate the walls of the trachea and thus become fixed. In children, however, foreign bodies are more likely to become fixed, owing to the calibre of the trachea being narrower.

As regards the bronchi, twice as many bodies enter the right as the left. Soft bodies when entering the bronchi usually pass to the terminal ramification of the tubes. There they may set up localized mischief which may eventuate in general phthisis. Extremely bad objects to enter the bronchi are dry seeds, peas, grains, corn etc. Blades of grass likewise prove very annoying. Seeds usually swell up and become fixed; they may make an attempt at germination. I may at this juncture, call your attention to a case reported to me a few days ago. The history is the following: A young child having a watermelon seed in its mouth, suddenly took a deep inspiration, with the result of having the seed to enter the air passages and locating itself in the bronchi. No treatment proved of any avail. After the lapse of many months, attended by cough etc., one day she was attacked with a coughing spell and noticed that something of a hard nature had been expelled; upon examination it proved to be nothing else than the melon seed which she had swallowed months ago. Examination showed that the seed had made an aborted attempt to grow.

There is one feature as regards the presence of foreign bodies in the bronchi worthy of notice, and that is this, that foreign bodies are likely to be ejected the moment tracheotomy is done. This, no doubt, depends upon the fact, first—A shorter distance for the air current to travel, together with a large entrance of air volume. Secondly—The air entering the tracheal opening is colder than that passing the natural way. This acts as an irritant, sets up cough of a stronger character which brings into requisition, powerful muscular contraction; this results in a powerful expiration and acts as a strong suction power, and thus causes the dislodgment with its final expulsion of the foreign body.

The general symptomatology of foreign bodies in the air passages varies. It is well not to forget that all foreign bodies are generally introduced during the act of inspiration, of course, excepting those that follow from accidents, etc. I might likewise state that foreign bodies may be introduced into the air passages and give rise to no symptoms, hence we must not be too positive in our opinion by ignoring the above mentioned fact. It is far safer to wait and see if we do not have some symptoms develop, since a few days will in all probability tell of its presence. We may divide the symptoms that follow the introduction of a foreign body into the air passages, into the immediate and secondary. The most important of the immediate symptoms are, asphyxia, which may be complete or partial. As regards duration, temporary or persistent. This depends upon the location of the foreign body.

Cough is likewise a symptom of importance. This is usually well marked and paroxysmal.

The sensation of a foreign body in the throat etc., or as is usually described by patients, the sensation of "a lump" more or less definitely located.

Pain is likewise usually present. Convulsions may take place, vomiting, bloody streaked mucus is often a sign of no little diagnostic import. To this may be added numbers of others. In children where there is a history of entrance of a foreign body, the constant desire to drink water in order to relieve "a lump in the throat" ought to attract our profound attention.

I might here state, that if a foreign body were lodged in the larynx, trachea or large bronchi, and here block the lumen completely, death may follow instantaneously. Poulet refers to these cases and makes the statement that no signs of asphyxia are present, nor can there be found any morbid change of the tissues on the post-mortem table. This is an interesting observation and

worthy of note. It seems to me plausible if we refer the number of cases in which death was almost instantaneous, that shock, perhaps of a reflex character was the cause of this rapid death. To this must be added the resultant spasm of the glottis. These two acting together, no doubt, are sufficient to bring about a fatal result, particularly since this accident in most cases has occurred in the aged, we again have a pathological condition present in these individuals in the presence of fatty or degenerated heart and arteries. As far as I have been able to ascertain, no cases of this nature have occurred in childhood.

A symptom which is diagnostic of a moveable body in the trachea is a flapping noise. This is heard during inspiration and expiration. Dupuytren called attention to this symptom. It is produced according to him by the rubbing of the foreign body against the wall of the trachea. It depends much upon the size and shape of the foreign body. The noise may be so loud as to be heard by the by-standers; again, it may require the stethoscope to detect its presence.

Patients are often in a position to be able to recognize every change of location a moveable body undergoes, and it is well not to ignore the patient's statement of being able to recognize changes of position in the seat of a foreign body.

The symptoms following the introduction of a fixed body in the larynx are numerous. Bodies may remain in the larynx for an indefinite time. All depends, of course, upon their situation, shape, and above all, upon the amount of obstruction to the freedom of the entrance and exit of air. If air enters easily, say a tubular body is fixed in the larynx, no marked disturbance may follow; the same may occur with coins placed edgewise, etc. But the moment any change in position takes place, so quickly have we proportioned symptoms following. It is well not to forget this fact, that a body, having passed through the glottis successfully at one time, may suddenly be dislodged and then block the glottic opening, producing a fatal asphyxia. Therefore, it is our duty for self protection to inform patients of this danger, and suggest that tracheotomy is the only treatment, since here we are able to operate at our leisure, and again assist in the expulsion of the foreign body, thus averting the danger of a fatal asphyxia. This contrasts remarkably with cases in which the body becomes fixed in the larynx from the first; here asphyxia is so rapid that death follows almost instantaneously not giving those about chance to find out what has occurred before a fatal termination has taken place.

The diagnosis of entrance of a foreign body in the larynx is obscure at first, inasmuch as the resulting asphyxia is common to the lodgment of foreign bodies in the œsophagus, trachea, large bronchi, etc. We are able only after the storm has passed, so to speak, to find out where the foreign body is lodged. The symptoms that are usually present at this period are as follows. One of the most characteristic symptoms is pain. This is, we may say, always present in some degree. It may be developed only during the efforts of talking, swallowing, etc., or it may be continuous. It may be mild or severe, all depending on the size, situation, etc., of the object. To this must be added a sensation of fulness and dryness. Convulsive cough is likewise a symptom of great moment. This cough may be absent or it may be so persistent as to induce hæmorrhage, even fatal cerebral hæmorrhage, etc. It may so exhaust the patient as to make us apprehensive. Dysphagia, interfered aeration of blood. Another sign which strongly points to the larynx is aphonia. This may be incomplete or total. It is rarely total unless the vocal bands are so swollen as to arrest their vibrations. Seiler states that in the aphonia caused by foreign bodies, pins are the most frequent, especially in women. This is due, no doubt, as he states, to the bad practice of putting pins in the mouth. If a body is so placed as to be attached at one end while the other is free; we have another sign which is quite characteristic, *i. e.*, clicking noise heard during inspiration and expiration.

Pressure on the spot which the patient

complains of usually increases the pain, while on surrounding tissue this does not follow. Last and best of all is the finger or laryngoscope. In children it is often impossible to use the mirror; here we may often discover the foreign body by simply introducing a finger into the larynx. If we can get them to allow us to use the laryngoscope, it is the true and most reliable method. It is well also not to forget we can make the throat tolerant to the mirror by the application of a solution of cocaine before beginning our examination. Chloroform might be used in some cases where we are not able to determine the presence of a foreign body by the above mentioned methods. It is, however, well to be ready to perform tracheotomy at a second's notice should any symptoms occur demanding it.

The symptoms following the entrance of a foreign body into the trachea depend upon its size, shape, and whether it is fixed or mobile. If large, asphyxia is complete; if so shaped as to allow air to pass it, we have the presence of well marked obstruction to breathing. To this must be added sense of constriction, as well as pain at a fixed point. Ability of patient to locate seat of obstruction, stridulous breathing, etc. If the body is mobile, we have tracheal rales, bronchial rales, interfered oxygenation of blood especially at times, inability to lie down, owing to threatened asphyxia, pain at episternal region, flapping noise in trachea, ability to feel a body changing its position on forcible coughing, crowing inspiration. Peculiar explosive noise made by lips, as if expired air had been arrested, then suddenly expelled, simulating the noise made by the puffing of a fat person. Patient is able to recognize the movements of the foreign body. On applying the stethoscope, a noise is heard on forced coughing as if a body had struck an obstruction and rebounded. This is due, probably, to the foreign body striking the vocal bands, and owing to closure of the glottis, falling back again into the lumen of the trachea. It is said when tubular bodies fall into the trachea a sign of importance is a peculiar whistling noise.

The bronchi present symptoms which often puzzle the most acute diagnostician as to the precise location of the foreign body. If a foreign body is so large as to block the lumen of a bronchus completely, fatal result is most likely to follow, particularly if the right bronchus is closed; here the left is not able to compensate quickly enough, and fatal asphyxia follows. If the bodies are smaller, then we may have hope. Pain is present, usually of a dull character, fixed to a definite area. Dyspnœa is likewise present. depending on amount of obstruction produced. Vesicular murmur absent in that portion of lung tissue to which the tube goes. This sign is of decided importance, hence if the obstruction is large it will comprise a large area of lung tissue, whereas, if small—*i. e.*, smaller divisions of bronchial tubes—the collateral emphysema may so mask the involved area as to show no interference, diminution or loss of vesicular breathing in this affected lung area. Therefore, in cases of this nature, it will be impossible to locate the foreign body unless, later on, we have localized bronchitis, pneumonia, etc., developed at a situation which is not common for the seat of a developing phthisis. By adding the previous history of the entrance of a foreign body into the air passages, plus the involvement of right lung, we may approximately diagnose the seat affected, as that of the location of a foreign body. It behooves us, then, to be extremely careful as to what we say and how we act in cases of this nature, as the symptoms present may be so marked as to make us unable in our minds to make any other diagnosis, except that of a foreign body; but on the post-mortem table we may not be a little chagrined to find that we cannot find the foreign body, nor any evidence of there ever being one in the involved diseased lung tissue.

Cough is usually present in proportion to the amount of irritation produced. This symptom is, however, not constant. Some mucous rales are generally present and usually crepitant as well as sub-

crepitant rales likewise. These signs are also marked in proportion to the changes in the surrounding tissues. Percussion usually reveals little, except in well marked cases of consolidation or emphysema. Hæmoptysis may be present occasionally. This last sign is likely to lead us astray. In concluding the symptomatology of foreign bodies in the bronchi, I may say that we have but one or two symptoms of decided value. These are, arrested or diminished vesicular breathing, coming on suddenly with the history of the entrance of a foreign body; to this might be added increased respiration and some signs of collateral emphysema.

When tubular bodies get into the bronchi, we usually have a history of such an entrance, and as previously stated, they give rise to obstruction in proportion to their size, size of lumen of these bodies, together with size and manner they block the involved bronchial tube.

We have been dwelling upon the symptoms following the entrance of a foreign body, but the foreign bodies being in the air passage, we must ask what may become of them. The first thing, when introduced, they act as irritants, and since nature cannot tolerate irritants, she makes an effort to rid herself of this offending matter, so she tries to expel it either immediately, or by suppuration, or last by causing it to undergo some chemical change, either being absorbed or calcified. Secondly, it may have gotten mobile, set up a hyperæsthetic trachea or larynx, now a constant cough is keeping up this irritated condition, and at last nature tries to expel it, but the unfortunate glottis being irritable, grasps the foreign body, sets up a spasm of the glottis, and an acute fatal asphyxia may end the scene. Lastly, as previously mentioned, the body by its constant irritation induces localized inflammation, and it becomes firmly fixed. It may in this case remain dormant for years, or finally induce an abscess and be expelled, or set up general infection, with resulting death.

It is well not to forget that tolerance for a foreign body in the air passages may be so complete as to allow of its presence for years without giving rise to any serious disturbance in the part in which it is located. Gross records a case in which a foreign body remained in the air passage for 60 years. The cases reported seem to show the fact that bones are best tolerated of all foreign bodies.

It is well, when asked for our opinion as regards future danger of a fixed body, to give some hope, if the foreign body was organic, since it has been observed, that all foreign bodies have been modified in some shape or other, depending upon their length of stay in the air passages, together with their compactness and durability. So, to be brief, we may make this statement, that organic bodies may be absorbed and give rise to no future trouble.

Now as to the treatment. This depends upon the nature of the case we are contesting with. If asphyxia is extreme, give air! Some way or other, whether it is by intubation, introduction of a catheter or tracheotomy. Whatever is to be done, do it! and quickly at that. Tracheotomy is easily done; remember this little wrinkle—*i. e.*, "Keep in the middle of the road," while operating. Bend your dressing forceps so you can keep the opening in the trachea open, or use whatever you find handy, etc. If you are called to a case and the severe symptoms have passed over, you may use snuff in the nose, emetics, position, extraction by instruments through natural passages; this is always the preferred method. If the body is so placed that you cannot get at it, then you must resort to an artificial opening, tracheotomy, etc. It is well to be cautious, and before beginning any line of treatment to have your tracheotomy tube ready, so that in case of inability to remove the foreign body or it displacement into an unfavorable position, you are prepared to meet the various exigencies as they arise. I have said but little as regards the treatment; that I leave to you since so many works are at our command that by referring to them I am certain all information necessary can be very readily obtained. In concluding this paper, I

would like to subjoin the history of an interesting case which occurred in my practice recently. The history briefly stated is the following:

Mary L., aged 6 years, female. Three months ago, on a Thursday evening, put a shell in her mouth during play. Being suddenly called by her mother, swallowed it. She immediately told her mother that she had swallowed the shell, but it was still still sticking in her throat. She had some dyspnœa, cough, etc. Her mother made her swallow a glassful of water, with some relief to the child. She was given a good dose of oil in order to pass it from the bowels. The mother being employed in an oyster house, had not the opportunity of watching the stools, and was not in a position to say whether the shell had been passed or not. On the following Saturday she sent for her family physician, owing to the child being droopy. The child stated that the shell was here —pointing to the episternal notch. He examined her and gave as his opinion that the shell had passed by the the bowels, and her lung trouble, cough, etc., was nothing more than an ordinary catarrh of the chest. He attended this child for three weeks; during this period the child would stoutly insist that the shell was in her trachea, as she felt it moving. The doctor evidently grew tired of the case, since he ceased going any more. The mother now went to a drug store, where the child received some treatment, with no improvement; the mother and neighbors now tried their hands, with like result. Finally, October 1st, 1889, three months from time of the entrance of the shell, she was brought to me for treatment. Her history up to this date had been, cough, rattling in her chest, inability to lie down, owing to dyspnœa developing, cyanosis sometimes present, pain in episternal notch, appetite good, bowels regular. Upon examining her, I find her condition as follows: Stridulous breathing, amphoric cough; puffy expiration, owing to her compressing her lips as if she were holding her breath, then suddenly her lips parted wsth a distinct puff. Stated that she has pain in the episternal notch. On removing her clothing from chest, noticed that her breathing is labored. Upper chest is good and well marked, making a marked contrast to the lower portion, which was sunken in, retracted epigastric region, like that noticed in laryngeal stenosis.

Resonance increased on percussion, —*i. e.*, vesiculo-tympanitic.

Auscultation reveals air entering lung tissue everywhere, sibilant and sonorous rales all over chest. Moist rales well disseminated. When listening over trachea, find large coarse tracheal rales. On making child cough a distinct impulse is gotten, as if something struck the walls of the trachea right under mouth-piece of stethoscope. Paroxysmal cough, with dyspnœa, together with some cyanotic condition of lips, fingers, etc. When pressure was made over the trachea, dyspnœa became well marked out of proportion to that which would naturally follow with some amount of pressure.

On placing hand over trachea, making child cough, one easily got a sensation of a foreign body moving under his hand. Expectoration was of a mucopurulent character, and no history of any blood ever being present except at time of examination. I tried to get a laryngoscopic view of the interior of larynx, but the persistent cough would constantly cover my mirror with saliva and expectoration. From the above history I gave it as my opinion that the child had a foreign body in her trachea, and advised tracheotomy. I saw the child again the next evening and again examined it carefully, and once more came to the same conclusion. I asked my friend Dr. Chambers to see the case at my office, who, after a careful examination concurred with me in my diagnosis. Two days later, Dr. Chambers performed tracheotomy; all at once a white object appeared in view, and upon its removal proved to be the shell I now present for your examination. The subsequent history was uneventful, the case making a perfect recovery, the child being able to be on the streets ten days after the performance of tracheotomy.

Authorities referred to: Poulet, Gross, Erichsen, Seiler and others.

THE TREATMENT OF CHRONIC CATARRHAL SALPINGITIS BY ELECTRICITY.*

BY G. BETTON MASSEY, M. D.,
OF PHILADELPHIA.

A student of gynæcological literature in the future will doubtless regard with wonder a most singular epidemic that prevailed during the latter half of the eighth decade of this century. He will learn by a reference to the reports of the medical societies that the chief feature of this epidemic was a pus-tube—a thing that was regarded by the surgeons of the day as so dangerous that nothing short of amputation was to be thought of for a moment. If this student of history be at all philosophical, or even conversant with the medical fads and fashions of the past, he will no doubt regard this epidemic as of a subjective rather than an objective nature—as a disease of doctors rather than of patients.

In making this statement I do not wish to deny the existence and frequency of salpingitis. It is with the views and practices that class this disease as practically malignant that I take issue. With or without a septic ætiology or the gonococcus, an inflammation of the lining membrane of the Fallopian tubes is simply a catarrhal inflammation of the mucous tract. It is an inflammation that does not differ materially from similar processes in other mucous cavities, such as the nose, the bronchi, the epididymis, or even that involved in chronic diarrhœa. That the whole of a tract is apt to be simultaneously affected is also too often lost sight of in this particular instance, the association of an endometritis with the salpingitis being, in my experience, universal. In the more chronic variety of the affection, to which my remarks will be confined this evening, the evidences of the uterine catarrh are usually present, though the disease may be latent in the uterine portion of the tract, just as similar evidences of a general rhinitis may be latent during the persistence of a post-nasal catarrh.

I allude thus briefly to the pathological nature of the affection in order to point out what I regard as a most important practical truth; namely, that to cure this affection we must first cure the causative endometritis in a large proportion of cases. The practice of ten years ago was distinctly in this direction, even if we did not clearly understand the peri-uterine inflammation associated with the endometritis. Those old-fashioned applications of caustics and alterative solutions must have done some good in their day or my respected teachers would not have used them so often as they did. That they did harm at times is equally certain; but with the clearer light of to-day, we can easily put our finger on the reasons. To begin with, they were often made with dirty instruments. That, in itself, was enough to cause frequent aggravations of the trouble to say the least. The second cause of failure was doubtless the severity and uncontrollable nature of the caustic agent. Finally, it is more than likely that a bulky, cotton-covered applicator pushed forcibly to the fundus with the uterus steadied with a tenaculum has reversed the flow in many a case of this sort, forcing muco-purulent matter into the peritoneal cavity.

In a reaction from these methods of the recent past, the monstrous position has been taken by some of our younger abdominal surgeons that a muco-purulent catarrh of the tubes is essentially incurable, and that a woman so affected must suffer an instrumental removal of the diseased part at the risk of her life. That this rough cutting of the Gordian knot unsexes the poor creature, breaks up her home, and renders her an eternal outcast among women is nothing to such enthusiasts, who in heaping up a great laparotomy record, keep their operating bags packed for instant work, and do not hesitate to operate upon a woman the first time they see her, with or without the sanction of a professional consultation. Unfortunately the justification derived from relieving the pain and ill-health of those women who sur-

*Read before the Philadelphia Obstetrical Society, Thursday Jan. 2, 1890.

vive the operation is by no means assured. I have had an opportunity of following a number of these cases, in which removal of the appendages has been practised for inflammatory disease, and I have yet to see one that was permanently benefited by it, most of them on the contrary being made worse in various ways. That many of them are relieved of pain during the period of enforced rest in bed incidental to the operation proves nothing. The after-results, in the shape of pain in the cut neural extremities, together with the sad effects upon the economy of the loss of so important a functional centre, more than counterbalance this temporary respite.

That this extreme act of surgery may be demanded as a palliative after the failure of conservative treatment is freely conceded; but it is maintained that the chief aim of the physician should be the restoration of the normal condition in these organs.

A plan of treatment that I have found highly satisfactory in chronic metro-salpingitis consists in a series of circumspect, carefully made galvanic applications to the endometrium, preceded and accompanied by vagino-abdominal applications of the same current, associated with rest and regulation of the alimentary tract. Such a plan, particularly when carried out in a properly appointed institution or private hospital, will cure a large proportion of these cases. It will take time, of course, but a woman's health, especially her womanhood, are worth time.

Taking up the parts of this plan of treatment in a reverse order of their importance, it may be claimed that mere purgation will relieve such cases. This is true in a limited extent in dispensary practice, but very rarely so among the more intelligent classes of ladies. Rest is recommended only as an adjunct to the more important portion of the electrical treatment, each intra-uterine application being most effective when performed at the patient's bedside and followed by absolute rest for twenty-four hours. The vaginal galvanic applications, a course of which should precede the applications to the cavity, are made every other day, the negative pole being applied by means of a large ball electrode to that portion of the vaginal vault nearest to the tube or tubes, the indifferent pole being on the abdomen. The strength of the vaginal applications should vary from thirty-five to seventy-five milliampères, *pro re nata*. The intra-uterine applications, which I regard as the most important whenever an evident endometritis or chronic metritis co-exists, require also the most skill, since in addition to gentleness and cleanliness of the electrode management, both of which are essential to success, a delicate judgment must be exercised in arranging the frequency and current strength, and in desisting from this part if the conditions present are acute. I use currents for this purpose ranging from twenty to seventy-five milliampères, more usually twenty-five to forty, the pole selected depending on the presence of excessive or deficient menstrual flow. The frequency of the intra-uterine applications is about once in five days.

As an instance of what is possible from this treatment, I may cite the case of Mrs. D., aged 28, who had been ill since her only confinement, five years before first seeing me. This confinement was followed by sharp pains in both ovarian regions, irregular menstruation, and sterility. When first examined there was firm fixation of uterus, fulness in regions of both broad ligaments, and a slight uterine leucorrhœa, these conditions being verified by Dr. Constantine Goodell, who saw her with me at the Howard Hospital. Negative vaginal applications were begun (thirty to forty milliampères), the electrodes being forcibly pressed against the boggy masses. After the second and third applications there was an increased, intermittent leucorrhœal flow, accompanied by cramps. Examination now showed greater freedom of movement and less bogginess. A thirty-five milliampère negative application to the cavity was now made, and repeated five days later, followed by a normal menstruation, unaccompanied by the pains and dizziness of the preceding five years. After two more vaginal and one intra-uterine

application there was a profuse yellow discharge, sudden and abundant, accompanied by cramps, evidently a discharge from tubes that had become patulous. The patient was immediately restored to health, and is now pregnant, having become so less than two months after the last application. Duration of treatment one month.

A similar case was that of Mrs. S. J., aged 32, who had not been well since the birth of her last child, one year before being seen first. She had had four children and three miscarriages, and had been suffering greatly from bearing-down pain and backache, and a voluminous leucorrhœa of a tenacious nature. Examination showed perinæum intact, uterus well forward and adherent to a boggy mass in the left tubal region, which was very tender. She recovered completely after eight vaginal negative applications of fifty and sixty milliampères. Duration of treatment, three weeks during August, 1889. She is now (Jan. 2, 1890), over three months pregnant.

The only other case that I will mention is that of Mrs. McE., aged 31, who had been ill seven years, and was the most obstinate of a number seen at the Howard Hospital clinic. She was an exceedingly delicate and nervous woman, the mother of four children, and had had seven or eight miscarriages, the last one two years before applying for treatment. For seven years she had been suffering from continuous shooting pains and tenderness in the left ovarian region, with a yellow, intermittent leucorrhœa, and a menstrual flow every two weeks. Dyspareunia intense, and nervous system prostrated.

Examination showed perinæum intact, uterus enlarged and displaced to right, with a bilateral laceration of os. To the left of the uterus there was an exceedingly tender mass, within which a thickened tube and enlarged ovary was made out, the thinness of the patient adding materially to the ease of diagnosis. She had declined operation on a number of occasions, and various modes of treatment had failed.

Treatment was begun by the use of negative vaginal applications, thirty-five to fifty milliampères for three minutes. After the sixth vaginal and first intra-uterine application, she had a free discharge of pus, giving great relief. The case is still improving under a somewhat desultory treatment, her present condition being one of vast improvement in general health, with almost complete disappearance of the local morbid conditions, and a return of the periods to their normal frequency. Had this case been treated under more favorable circumstances, the duration of treatment would have doubtless been far less than the six months that was consumed.

All of these cases were what is known as operative cases; each had been advised to have the ovaries and tubes removed by one or more surgeons. I have related them in detail in order to prove that an occluded tube may be made patulous and capable of performing the duties assigned to it by nature.

1706 Walnut Street.

Society Reports.

CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD JAN. 17th, 1890.

The 237th meeting of the Clinical Society of Maryland was called to order by the Vice-President, Dr. Wm. H. Norris in the chair.

Dr. Daniel W. Smith, of Woodberry, Md., was elected a member of the Society.

Dr. L. E. Neale read a paper on

NOTES ON PUERPERAL ECLAMPSIA, WITH REPORT OF FOUR CASES.

(*See page* 268.)

Dr. I. E. Atkinson said that there was one point that Dr. Neale ought to be congratulated upon, and that is the celerity with which he delivered his

women. He has unfortunately had some experience in this connection himself, and found that his ability to deliver the women was more tardy. He thinks that a considerable difference exists as regards the prognosis in this affection in the acute form of renal inflammation, being much worse in the chronically contracted kidney. It is more favorable where there is anasarca. The most important point to bear in mind is prophylaxis as far as is possible. If we make a practice of examining the urine of our patients early in pregnancy we may save many lives. He was interested in the report of these cases at the period of gestation at which eclampsia came on. He was of the opinion that observations had shown that the affection was usually fatal if it came on before the fifth month.

If this condition of kidney affection be noticed we should not wait for the convulsions to appear, but should induce labor at once. No doubt, then, many lives could be saved that would otherwise be lost. As regards the treatment, he is free to admit that he has not formed any decided views as to which is the best to employ. He has tried blood-letting, also veratrum viride, and this latter remedy saved him one life, he feels sure. Pilocarpin, likewise, he has employed, but with no amelioration of symptoms. Chloroform in this affection should be used with the utmost care.

Dr. Herbert Harlan said that in reference to the albuminuric retinitis occurring during pregnancy, the defective vision resulting from it is apt to remain for a considerable time after delivery.

Dr. L. E. Neale said that he had very little to add in way of conclusion. He was in accord with Dr. Atkinson's views in reference to inducing labor when we find such conditions of the kidneys present, but he fears that the subject is hardly sufficiently well known to allow us to go ahead without some degree of caution. Women have been treated expectantly and saved, therefore he would not act too quickly. He was of the opinion that the ocular symptoms disappeared earlier in the acute troubles of the kidneys than they did when the disease was more chronic.

Dr. George Thomas read a report of a case and exhibited the patient, illustrating

ABNORMAL HEART SOUNDS AND IMPULSES.

Under the head of miscellaneous business, the committee appointed to draft resolutions on the death of Dr. O. J. Coskery, reported as follows:

Whereas, The Clinical Society of Maryland has learned with profound regret of the death of their late associate and colleague, Professor O. J. Coskery, therefore be it

Resolved, That in the death of Professor Coskery the medical profession has lost an active member, a learned practitioner, and an able teacher, and the community a man well worthy of the trust unanimously reposed in him.

Resolved, That we place upon record the high esteem in which Professor Coskery's personal qualities and professional attainments are held by this Society.

Resolved, That the Secretary be instructed to enter these resolutions upon the minutes of the Society and to send an engrossed copy to the family of the deceased.

WM. H. NORRIS, M. D.
THOS. S. LATIMER, M. D.
HENRY C. MCSHERRY, M. D.

W. J. JONES, M. D.,
Recording Secretary.

1238 Greenmount Avenue.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

STATED MEETING, HELD DEC. 12TH, 1889.

The 702nd regular meeting of the Society was called to order by Dr. R. W. Mansfield, President, in the chair.

Dr. Bressler exhibited a patient with the following history: S., male, æt. 61, wood-chopper, sparely built, was always healthy, never having had any bowel trouble either constipation or diarrhœa. Began about two months ago with loss of appetite and general malaise. About six weeks ago pain developed in right inguinal region which gradually

became worse and interfered with locomotion. In walking he bent forward and when sitting he had to loosen his pantaloons and drawers to ease the pain. About three weeks ago he consulted a physician, who ordered poultices to the sore spot in right inguinal region. After poultices had been applied for about three weeks, the attending physician requested Dr. B., to operate; this was done on September 25th 1889., when the above history was elicited. On examining the patient, a soft fluctuating tumor was found, about the size of a saucer, just above Poupart's ligament. No history of injury, bowels regular, right leg flexed. Examination per rectum revealed a dense mass, filling the whole right iliac fossa. A diagnosis of extra-peritonea-typhlitic abscess was made and immediate operation recommended. Consent was given. An incision under cocaine, was made into the abscess. About a pint of intensely feculent pus was evacuated, necessitating immediate ventilation of the apartment by opening of all the windows. After the evacuation of the pus, an opening large enough to admit the index finger with ease was found, leading in the direction of the appendix vermiformis. This cavity was washed out with a bichloride solution, (1-4000). Two drainage tubes were introduced and the wound dressed with iodoform gauze. The wound was cleansed daily and by the end of three weeks, had healed by granulation. The patient presenting in the interval, no symptoms of any importance. The patient is feeling well, has a good appetite and bowels regular. The tissues about the part operated on are still hard to a limited degree, and examination per rectum, shows a gradual disappearance of the mass in the iliac fossa. A recess was taken to examine the patient.

Dr. David Streett said he had not seen a case of typhlitis that had gone on to suppuration followed by recovery. All of his cases had terminated by resolution.

Dr. D. W. Cathell said he had seen a similar case in a young man æt. 27. The abscess pointed posteriorly. The attack was due to obstinate constipation. An exploratory puncture with a hypodermic needle revealed pus. The abscess was cut down upon, and about a gill of pus evacuated. The patient made a good recovery and is now in good health.

Dr. F. C. Bressler said perityphlitis may pursue one of three courses. 1st, by resolution, 2nd, by abscess opening extra-peritoneally, and 3rd, by perforation into the peritoneum, thus inducing fatal peritonitis. In this case, had the diagnosis been made earlier, a laparotomy might have been done and under the present views, been perfectly justifiable. But by the delay in this case, a simple cutaneous incision was all that was necessary.

Dr. F. C. Bressler then read a paper entitled

FOREIGN BODIES IN THE AIR PASSAGES.

(*See page* 421.)

Dr. David Street read a paper relating three cases, with specimens of each.

HYDRO-NEPHROSIS, GALL STONES, AND HYDATIDIFORM MOLE.

Dr. J. W. Chambers said he made a post-mortem on a woman who had been treated for frequent attacks of passage of gall stones. The post-mortem showed her bladder full of gall stones. The peritoneum was full of serum and inflammatory deposits, and several gall stones were found free in the peritoneal cavity. He thought the specimen an interesting one, from the large size of the stones contained in it. (About the size of large chestnuts, five in number). The thick fibrous mass in the wall of the gall bladder, looked very suspicious of cancer.

Dr. David Street said he did not think it was carcinoma of the gall bladder. There was no infiltration or involvement of any other organ. The gall bladder did not rupture; it was large and tense and did not open until cut. He made a post-mortem on a woman who had been seen by a number of physicians. She had a large movable tumor which had been diagnosed as cancer of the mesentery. When she died she was very much emaciated. The

post-mortem showed 170 gall stones, many of which were free in the abdomen. The peritoneum was studded with inflammatory deposits and showed that she had had chronic peritonitis.

Dr. D. W. Cathell said he showed a specimen to the society some years ago, taken from a man whose symptoms were those of gall stones. The post-mortem showed a large faceted gall stone in the gall duct. In the gall bladder were a number of others, and there was three gall stones which had become encysted. The gall bladder was perfectly healthy, save for the presence of the calculi.

J. Wm. Funck M. D.,
Reporting Secretary.
1710 W. Fayette Street.

TOILET SOAPS.

In the presence of the multitude of soaps for toilet purposes that are just now being pressed upon the attention of the public, the information contained in a commuication from Dr. B. H. Paul, ou "Toilet Soap, considered from a Chemical Point of View," published in the March number of the *British Journal of Dermatology,* will be found very timely. Dr. Paul points out that for some purposes a soap containing surplus alkali, uncombined with fat acid, would be unobjectionable, but that when a soap is intended for bodily ablution the caustic and irritating action of free alkali upon the skin renders its presence most undesirable. For all practical purposes it may be stated that a perfectly neutral soda soap, made with an ordinary fat, in which oleic and stearic acids preponderate, does not contain much more than 11 parts of soda for every 100 parts of fat acid ; but a neutral soda soap, made from cocoa nut oil, of which palmilic acid is the chief constituent, wonld contain a larger quantity of alkali. An examination upon this basis of 17 samples, representing the products of all the principal manufactures of high class toilet soap, showed that in five of them the proportion of soda to fat acid was nearly that indicated for a neutral soap, but in some of them there was also potash present, the greater part of which would be uncombined with fat acid, and communicate to the soap an abnormal alkalinity. The general result went to show that among toilet soaps, as usually met with, a perfect neutral soap is the exception, and that a trustworthy soap of that kind is still a desideratum. Three of the five soaps already specially referred to were described as "super-fatted" soaps, one of being alleged to have been prepared according to Unna's formula. But in fact they all were found to contain the full proportion of alkali required for the saponification of the fat, besides some additional potash, which in one of them was considerable. Moreover, it is worth noticing that although Unna's formula has been hitherto supposed to yield a soap containing 4 per cent. of unsaponified fat, the proportions of soda and potash ordered to be used in it are, according to Dr. Paul, quite sufficieut for the complete saponification of the fat. The formation of acid stearates and oleates would, of course, considerably diminish the quantity of alkali acquired, but these acid salts have none of the properties for which soap is applicable, and would therefore be useless if present. Dr. Paul is, however, of opinion that if the difficulties attending the manufacture of a true super-fatted soap, which was not greasy when used or too much reduced in detergent power, could be overcome, such an article would be a boon to many, and the discomfort of chapped hands and excoriated faces might by its use be at least considerably mitigated,—*British Medical Journal.*

Dr. Charles H. Bradford formerly of this city, died on Tuesday at the residence of his son, in Harford county. Dr. Bradford was eighty-one years old. He was born in Belair and graduated at the Maryland University. He practised for a number of years in Belair, and afterwards in this city.

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BALTIMORE, MARCH 29, 1890.

Editorial.

SEA VOYAGE IN THERAPEUTICS

It would seem as if the treatment of the wealthier class, who can have every luxury and follow any line of cure, should be more successful than the treatment of the poorer class. It is a question if this is so. None but the wealthy can indulge in certain forms of neurasthenia and hysterical ailments. Many pampered ones fall ill of a disease which the regular life of the steady worker prevents. Of the most satisfactory methods of treatment, that carried out by nature is the best. We put the patient in the most favorable position to get well, and then stop the drug, and in certain cases a cure is the result.

An important therapeutic agent, indeed, none more important for the hard worked city man and society woman, is a sea trip, and this Dr. J. A. Lindsay (*American Journal of the Medical Sciences*, for April, 1890), has endeavored in part to point out.

The advantages of the sea climate are the purity of the air, its humidity, its abundance in sunlight and ozone, and its equability as regards temperature, hygrometric condition and barometric pressure. These characteristics, which are self-evident advantages, tend according to most opinions, to make a sea trip on a steamer, or in some cases on a sailing vessel, a strong factor in the treatment of nervous break-down and maladies of that class. As for its suitability in the case of certain definite maladies, opinions are perhaps not so united.

Take consumption, as an example. According to a large number of authorities quoted by Lindsay, a sea voy age has a favorable influence on phthisis.

Loomis, arguing that tissue change takes place more rapidly on or by the sea than in the mountains, recommends sea air for those past middle life who have developed phthisis late who are incapable of much muscular ability, and who require stimulation. He also adds that sea air is better suited than mountain air to those who cannot bear sudden change of temperature, while the susceptibility to such change is greatly lessened by mountain air.

Lindsay's conclusions are that all cases except laryngeal phthisis are benefited by a sea trip, provided, of course, the disease is not too far advanced. His conclusions are of interest from the fact that in this country few cases of consumption are sent on an ocean trip as compared with the large number sent to high and dry regions in the mountains.

THE COMING MEETING OF THE STATE SOCIETY.

Another plan, to which reference has already been made in these columns, to get the best work out of the members, is to encourage volunteer papers. Members who take sufficient interest to write papers and offer them at the very end of the meeting deserve the encouragement which they very rarely get.

Now, if each year the President would select from these members and put them on the sections, the outlook for increased energy, both at the annual and semi-annual meetings would be more favorable.

Again, it is to be hoped that at the coming meeting many new members, especially from outside of the city, will be added to the Society, and it is from this very new material that good work should be expected. Each section should contain at least two members from outside of the city who would then feel a more active interest in and responsibility for the work of the Society.

The distance of some members and their inability by this distance to attend section meetings to arrange for annual reports, would hardly be an obstacle, for all this work could easily be done by correspondence—the way, in fact, in which many of the city members now do their section work.

The duty of the President then should be to cut off all dead wood and let the energetic and active men do the work, irrespective of medical schools, cliques, gray hair, and all other such time-honored superstitions which have so often retarded progress here and elsewhere.

The Pharmacy bill has passed the Senate.

Reviews, Books and Pamphlets.

Practical Electricity in Medicine and Surgery. By G. A. Liebig, Jr., Ph. D., Assistant in Electricity, Johns Hopkins University, etc., and George H. Rohé, M. D., Professor of Obstetrics and Hygiene, College of Physicians and Surgeons, Baltimore. Profusely Illustrated. Philadelphia and London: F. A. Davis, 1890. Pp. 383, price $2.00

If there is one thing more than another that should be clear to the physician, and yet is in reality veiled in mystery and obscurity, it is a practical knowledge of the workings of electricity. The great difficulty has been, heretofore, that such a work is either written by one with a very meagre knowledge of the subject, or by one so familiar with its theoretical side that the practical side is obscured or the meaning is concealed in terms clear only to the professional electrician.

It is a great source of congratulation, therefore, to the authors and publishers that this work has been issued, containing, as it does in Part I., a discussion of the various forms of electrical and magnetic apparatus, etc., by one author, a thorough electrician, and in Parts II. and III. the effects of the electric currents upon the various tissues and organs of the body and the application of electricity in disease, by the other, a practising physician.

At the very outset the difficulty of the definition of "electricity" is noted. It is called a fluid as a term of convenience. The first part of this work contains what is usually found in works on physics, and in the third chapter the important subject of batteries is taken up. The newest form of battery is the no fluid or chloride of silver battery. It is said to give a practically constant electromotive force during a large number of hours' use. Some practitioners here have found that, by actual measurement, the cells of the galvanic battery of this kind do not always agree with the record of a reliable milliampèremeter.

In the second part of this work it is stated that the duration of the current is of little importance. This can hardly be true in the case of electrolysis. The table of symbols used is in English abbreviations. Some books use the German abbreviations, but the English ones are certainly preferable. The word "trunkal" seems to be used without authority. The importance of selecting the proper pole in the galvanic current is stated. A good point given is the advice to follow a regular programme in testing. The bichromate battery is highly praised. A combination battery is not advised. Of the two chloride of silver batteries, the faradic is considered the best.

It is almost impossible in a short space to give all the good points of this excellent work. One is struck with the large number of well executed illustrations, most of them original with the authors, and made for this work, and what is to a reader's liking, these cuts appear in the proper place in connection with the reading matter. This is a small point, but an important one. The cuts in the chapter on "Static Points" are particularly well done. The usual appendix so popular with books now, is added.

Possibly with the desire to keep the book within a certain size, a few of the sections are treated with lexicon-like brevity; but, taking the book altogether it is certainly most satisfactory to the general practitioner, who after all, is the one for whom such books are written. The advances made in the electrical treatment of gynæcological, genito-urinary and cutaneous diseases compel a more general study of electricity from all sides. The study of just such a work as this will be of great use to aspirants for success in the electrical treatment of disease.

Text-Book of Medical Chemistry, for Medical and Pharmaceutical Students and Practitioners. By Elias H. Bartley, B. S., M. D., Prof. of Chemistry and Toxicology, and Lecturer on Diseases of Children in Long Island College Hospital, etc. Second Edition, Revised and Enlarged, with 62 Illustrations. 1890. Philadelphia, P. Blakiston, Son & Co. Pp. 423, price $2.50.

Although this professes to be a work on chemistry, the first part contains a very satisfactory treatise on physics, which is very well up to date. That part treating of chemistry proper has been revised and in part enlarged, such subjects as ptomaines and urinary analysis having been somewhat extended. The book can only be of use to a hard working student. The table of spectra in the frontispiece would be much clearer if it were in colors.

Syllabus of the Obstetrical Lectures in the Medical Department of the University of Pennsylvania. By Richard C. Norris, A. M., M. D., Demonstrator of Obstetrics in the University. Philadelphia, W. B. Saunders, 1890. Price $2.00, net.

To obviate the difficult task of note-taking the author has with sanction made a synopsis of the lectures on obstetrics at the University of Pennsylvania. Such a work which does not seem intended to take the place of reading must be of great use to students who so often take careless and inaccurate notes.

Johns Hopkins Hospital Reports, Vol. II., No. 2. Contents: I., Tubercular Peritonitis, By Wm. Osler, M. D. II. A Case of Raynaud's Disease, By H. M. Thomas, M. D. III., Acute Nephritis in Typhoid Fever, by Wm. Osler, M. D. Baltimore: Publication Agency of the Johns Hopkins University. February, 1890. $5.00 per volume.

Popular Science Monthly for January, February, March and April, 1890. New York: D. Appleton & Co. $5.00 a year, 50 cents a number.

The articles of principal interest in these numbers are "Exercise for Chest Development," by Ferdinand Lagrange, M. D.; "Long Fastings and Starvation,"

by M. Charles Richet; "The Physiognomy of the Mouth," by Thomas Piderit; "Is Education Opposed to Motherhood?" by Alice B. Tweedy, and "On the Natural Inequality of Men," by Prof. T. H. Huxley.

Among the recent publications in Germany are the following: "On the Formation of Public Sanatoria for Patients," a lecture by Professor Finkelnberg; "On the Development of Public Hygiene," a speech by Professor Hirsch; "The Hygiene of Chastity," by Dr. Kornig; "Civilization and Disease," by Dr. Reich; "Darwinism in its Relation to the Investigation of Nature, to Religion, and to Freemasonry," by Professor Settegast; and "In Memory of Richard von Volkmann," by Professor Krause.

Intubation in Cases of Foreign Bodies in the Air-Passages, with Remarks Concerning Feeding after Intubation. By S. J. Meltzer, M. D. New York: Reprinted from the *Medical Record*, Sept. 21, 1889.

Scribner's Magazine for February, March and April. New York, Charles Scribner's Sons. $3.00 a year, 25 cts. a number.

Atlantic Monthly for March and April, 1890. Boston: Houghton, Mifflin & Co. $4.00 a year, 35 cts. a number.

The Cosmopolitan for February, March and April, 1890. New York: Cosmopolitan Publishing Co. $2.40 a year, 25 cts. a number.

A Failure in Brain Surgery, By Hal C. Wyman, M. D. Reprint from *Medical News*, Feb. 8, 1890.

Magazine of Art for March and April, 1890. New York: Cassell & Co. $3.50 a year, 35 cts. a number.

Syringomyelia. By Henry J. Berkley, M. D., of Baltimore. Reprint from *Brain* Winter Past, 1890.

Formal Opening of the New Building of the Biological Department of the University of Toronto. Toronto: J. E. Bryant & Co., 1890.

Miscellany.

BALTIMORE UNIVERSITY SCHOOL OF MEDICINE COMMENCEMENT.

The annual commencement of the Baltimore University School of Medicine took place at Harris' Academy of Music last Tuesday. Seated on the stage were the graduating class, the president of the college, Gen. Robert H. Carr, the board of directors, and the faculty, Dr. James G. Linthicum the president; Dr. Z. K. Wiley, the dean; Drs. Hampson H. Biedler, W. A. B. Seliman, Pierce B. Wilson, Thomas B. Evans, Lewis C. Horn, J. W. C. Cuddy, E. Miller Reid, Alfred Whitehead, Howard Bryant and William T. Cathell.

The announcement of the graduates was made by the dean, Prof. Z. K. Wiley. Gen. Carr, the president, made an address to the graduates and conferred the degrees. Prof Ward presented a diploma to John Lockwood of England, graduate in the veterinary school.

The graduates were: H. G. Baird, of Kansas; A. H. Becker, D. J. Buckley, F. J. Cameron, J. H. Finnessey, A. M. Haven, H. J. Hunter, C. R. Jennings, J. J. Tillapaugh and F. D. Whitney, of New York; J. E. Caviness and C. G. Holland, of North Carolina; C. J. Oliveros, South Carolina; J. B. Lenney, Illinois; L. H. Thompson and J. H. Walker, of West Virginia; W. E. Randall, J. T. Smith and H. Y. Westbrook, of Pennsylvania; W. G. Damm, T. A. Milliman, E. M. Plummer, N. J. Ramos, R. C. Rasin, J. C. Roth and W. H. Tolson, of Maryland; A. H. Whitehad, England, Graduate in the Veterinary School—John Lookwood, of England.

Hon. Wm. Pinkney White delivered the oration. The faculty, as last year, gave no medals. The annual banquet was held at night at the Carrollton.

Sixty persons were seated at the tables, including invited guests, alumni and graduates.

The Alumni Association met in the parlors of the Carrollton. Dr. Henry B. Gwynn presided, and, as retiring president, made a few remarks. They elected the following officers: Dr. Thomas A. Milliman, president; Dr. R. C. Rasin, first vice-president; Dr. W. H. Toison, second vice-president; Dr. Edward Plummer, third vice-president; Dr. J. W. Wilson, treasurer; executive committee, Drs. J. S. Patterson, H. G. Baird and S. W. Weber.

THE NEW BROOM BEGINS TO SWEEP.

Dr. George H. Rohé, health commissioner, and Dr. James F. McShane, assistant, have drafted a set of rules and regulations for the guidance of the employes of the Health Department. Each sanitary inspector will have assigned to him a district, within which, in addition to the formal complaints furnished him for inspection, he will be specially charged with the observation of all violations of the health ordinances, and report particularly in relation to the throwing of refuse on the streets; choked up gutters, street culverts and sewer inlets; dead animals; the flow of bloody, foul or nauseous liquids from slaughter-houses or other premises; filling of low ground with animal or vegetable refuse or wood shavings; manure heaps; the removal of hotel or restaurant swill; transportation of offal and all offensive substances; examination of houses, yards, water-closets, privies, cellars and vacancies made under buildings. While the inspectors will be assigned to particular districts, they may be called off py any member of the board for special work. No lounging or loud talking will be permitted in the offices of the department, and smoking is prohibited during office hours. Any employee of the Board of Health, guilty of any breach of orders or discipline, or of neglecting his duties, will be summarily dismissed from the service.

"LOVE" IS NOT BLIND.

The *St. Louis Medical Mirror* says: "It is rare that a large city is so fortunate as to secure for its health commissioner as good a man as has been recently appointed in Baltimore. A few days ago the Mayor of Baltimore appointed as the chief Sanitary Executive, Dr. Geo. H. Rohé, who was born in Baltimore County in 1851. Any city is fortunate in securing so able a man in so important an office. A Mayor who can step aside from the ranks of hoodlum politics, and select a man of science, recognized all over America as a leader, and a light among sanitarians, deserves well of the people.

We congratulate the city of Baltimore; and at the same time Dr. Rohé. We know that he will perform his duties efficiently and well, being admirably well equipped for the work, and a conscientious, honorable gentleman, full of ambition and energy.

THE PHYSIOLOGY OF TASTE.

The localization of the different forms of taste sensations is a subject which is usually cursorily passed over in text-books, with the statements that the posterior third, the tip, and sides of the tongue only are sensitive, that sweet substances are best perceived by the tip, bitter ones at the back, and so on. In the *Centralblatt für Med. Wissen.* is an abstract of extremely interesting observations by Oehrwall, who, by the aid of a lens, stimulated the individual papillæ by means of a fine brush dipped in a solution of sugar, quinine, acetic acid, and salt. He found that, as had before been observed, the circumvallate papillæ were particularly sensitive, but that on the sides and tip the fungiform papillæ only were sensitive. He estimated that in the whole tongue there were 350 to 400 of these papillæ, of which he found 125 only to respond to stimuli. Many of them appeared to be excited by all four of the substances employed, but in other cases papillæ were found to respond to one form of stimulus but not to another. Thus 19 per cent. responded to acetic acid, but

not to sugar; 24 per cent. which were sensitive to acid were unaffected by quinine, while 15 per cent. which recognized sugar did not respond at all to the application of quinine. All of the papillæ were sensitive to touch, pain, heat and cold. When stimulated by a mild faradic current, an acid taste was excited. He confirmed the observations of older authors that most of the anterior two-thirds of the dorsum of the tongue was devoid of gustatory papillæ.—*Lancet.*

THE ABUSE OF COFFEE.

Much has been said concerning the undoubtedly evil effects of excessive tea drinking. Dr. F. Mendel has recently enjoyed opportunities of studying the results of an unbridled abuse of coffee, and his results are now published. The great industrial centre round Essen includes a very large female population. Whilst the women of the working classes in this country are often addicted to dosing themselves with tea that has stood too long, it appears that the workmen's wives at Essen drink coffee from morning till night. Some consume over a pound of Ceylon coffee weekly, and one pound contains over sixty-four grains of caffeine. In consequence, nervous, muscular and circulatory disturbances are frequent. The nerve symptoms are characterized by a feeling of general weakness, depression of spirits, and aversion for labor even in industrious subjects, with headache and insomnia. A strong dose of coffee causes the temporary disappearance of all these symptoms. The muscular symptoms consist of distinct muscular weakness, and trembling of the hands, even during rest. The circulatory symptoms are marked by a small, rapid, irregular pulse, and feeble impulse of the apex of the heart. Palpitations and heaviness in the precordial region are frequent. The hands and feet feel very cold, and the complexion becomes sallow. Dyspeptic symptoms, chiefly of the nervous type, are very common. Acne rosacea is seen in a large number of the sufferers. These coffee drinkers cannot be cured by simple abstention from their favorite drink, with substitution of milk as a beverage. They require rest from work, open-air exercise, cold ablutions followed by friction, and small doses of brandy. Care must be taken, especially when a large body of working women are under the care of a medical officer, lest the first and last items of treatment do not lead to malingering.—*Brit. Med. Jour.*

OFFICIAL TRIAL OF AMADOU IN THE TREATMENT OF CARCINOMA.

In two cases of uterine cancer occurring in his clinic, Professor Slavianski administered amadou (Polyporus igniarius), which had been asserted by some woman to be a certain remedy for the disease. This was done at the request of the Russian Minister of War. A decoction of six drachms to three pounds of water was made. A teacupful was given internally from three to five times a day, and an injection of the same an equal number of times. Dr. J. Lapis states that there have been no beneficial effects from this treatment, and that all reputed cures must be due to a false diagnosis.—*Lancet.*

PNEUMONOKONIOSIS.

Fowler (*Occidental Medical Times.*) says that "Elevator Disease" is the name given in Buffalo to the affection produced by the inhalation of grain dust. The average life of elevator men is said to be five years. In California, a similar affection is due to the blasting in mines. On leaving the mines, workmen suffer from dyspnœa, headache, vertigo, and, perhaps, nausea. After while a cough appears, and increases until the patient is compelled to cease work. The base of the lung would be most likely to be affected, the inhaled particles obeying the law of gravitation.—*Times and Register.*

CURING STERILITY BY LAW.

A bill has been introduced in the French Chambers providing, as a remedy

for the decline of population, for a tax on all bachelors—an old remedy—and in addition to this, an entirely new remedy, in the shape of a tax on all married people who have no children, and are unable to offer any reasonable excuse for not having any. A recent census of Fifth Avenue, New York, showed an average of about half a child to a family. —*Med. Rec.*

Medical Items.

Dr. H. C. McClintock, a well known physician of Allegany county, died at his residence, Flint Stone, last week.

Dr. Erwin, von Esmarch, a son of Professor Esmarch, is a privat-docent at Berlin. He is a hygienist and bacteriologist.

The German Government has under consideration a proposed new law regulating the sale of poisons in the Empire.

It is proposed to erect a monument in Paris to the memory of the late Dr. Philippe Ricord.

There is a bill before the Maryland Legislature to control the sale of proprietary medicines.

Dr. Debove will probably succeed the late Dr. Damaschino as Professor of the Theory of Medicine, in the Faculty of Medicine, at Paris.

Dr. Frank West was in the city a few days ago. He has gone back to Cuba, but expects to return to Baltimore in June. He has entirely recovered.

By the amended bill, the Medical Examining Board will contain five homœopathic members; two from the State and three from the City.

It is stated on the authority of the *Times and Register*, that persons desiring to marry, in Brazil, must first pass a medical examination to prove their fitness.

A ton and a quarter of bromides are annually consumed by the patients of the National Hospital for the Paralyzed and Epileptic in London.

Dr. Karl Fraenkel, recently appointed professor at Königsberg, has been succeeded by Dr. Richard Pfeiffer as first assistant to Koch in the Hygienic Institute of Berlin University.

The bill to regulate the practice of medicine, was favorably reported to the Senate this week. It was reported to the Committee on Hygiene without recommendation. It goes to its third reading.

The Emperor of Austria has conferred the Order of the Iron Crown on Dr. L. Rydygier, Professor of Surgery at Cracow, on the occasion of the completion of a new surgical clinic in that University.

A new neurological journal, entitled *Revista de Neurologia e Psychiatria*, has appeared at Lisbon, under the editorship of Dr. Beltencourt Rodrigguez, a well known Portuguese alienist.

Dr. Joseph Taber Johnson of Washington, D.C., will deliver the annual address before the Medical and Chirurgical State Faculty of Maryland. His subject is "Abortion; Its Frequency, Wickedness and Some of its Effects."

The House of Representatives passed a bill authorizing the Mayor and City Council to pass ordinances to prevent the introduction of contagious diseases into the city within three miles by land and fifteen miles by water.

The prize of 2,000 francs ($400), offered to international competition by the Milan Institute of Sciences, for the best original work on hypnotism, has been awarded to Drs. de Granchamps and Regnier, of Paris, for an essay written in French.

At the next meeting of the Clinical Society, on April 4th, Dr. George H. Rohé will read a paper on "The Mutual Relations of the Medical Profession and the Health Department," and Dr. R. B. Norment on "Diseases of the Bladder from Pregnancy."

Dr. Paul Niemeyer, unsuccessful as a university teacher, but well known in Germany as a writer of popular medicine, died recently. His brother Felix, at Tübingen, is the auther of the "Practice of Medicine." Paul wrote a small work on "Physical Diagnosis."

It is stated that the German Reichstag will before long have before it what may be called a coercion bill dealing with the drink question. Habitual drunkards will be subjected to pains and penalties ranging from simple fine to suspension of civil and political rights.

The prize offered by the *Pharmaceutical Record* for a description of the best method of managing the prescription department of a small or medium sized drug store has been awarded, against a host of competitors, to D. M. R. Culbreth, of this city, a successful druggist, a doctor of medicine, and professor in the Maryland College of Pharmacy.

The Faculty of the College of Physicians and Surgeons have made the following appointments at the hospitals: Resident Physician at Bayview, Dr. Frank Dyer Sanger. Reappointed: City Hospital, resident physician, Dr. Wm. F. Smith; house physician, Dr. Julius Friedenwald; junior house physician, Dr. Louis Gundry, resident physician at the Maternité, Dr. C. H. Allen.

At the last meeting of the Berlin Medical Society, Professor Virchow communicated a letter from the Society for Internal Medicine inviting the Medical Society to take part in a scheme for the erection of a sanatorium for lung patients near Berlin, and to send delegates to the committee. The Medical Society complied with this request, and appointed as delegates Professors Senator, Fuerbringer and B. Fraenkel.

The Paris Academy of Medicine has just opened to competition a prize of the value of 1,000 francs ($200), for the best work on the hygiene of infants. The following is the question proposed: To determine what are, in the artificial feeding of infants, the value and the effects of raw milk, warmed, or boiled milk respectively. The papers, which should be written in French, the other academical rules being observed, are to be forwarded to the Academy before March 1st, 1891.

Medical Director Robert Toland Maccoun, retired, of the United States navy, died at his home, No. 25 East Mount Vernon Place, last Thursday night at half-past eleven. Director Maccoun was born in Pennsylvania, and appointed from New Jersey as an assistant surgeon on the 27th November, 1844. He was made a past assistant surgeon on February 4, 1851, a full surgeon on September 21, 1858, medical inspector March 3 1871, medical director November 7, 1872, and placed on the retired list April 19, 1879.

The St. Louis Republic says: The mathematical fiend has recently been at work upon a calculation of the work performed by the human heart. His calculations are curious and give the work of the heart in miles and beats. It is based upon the presumption that the heart beats sixty-nine times each minute and throws blood nine feet. Computed thus, the mileage of the blood through the body might be taken as 207 yards per minute, 7 miles per hour, 168 miles per day, 61,320 miles per year, or 4,292,400 miles a lifetime of seventy years.

The *North American Practitioner* says that a Chicago genius has invented a "Safety Bottle" for druggists, intended to hold poisons. It is so arranged that it cannot be opened without ringing a bell, which will recall the druggist's wits to earth again in case they should be wandering. After the Am Ende case in Hoboken, N. J., and similar cases throughout the country, there seems to be an imperative need for something of this kind. The aforesaid genius would confer a still greater boon if he could get up something to prevent doctors from making mistakes.

The number of foreigners—always considerable—who flock to German Universities for the completion of their education seems to be increasing. During the present session there are no less than 1,930 foreigners out of the 29,000 students—that is, 6·6 per cent. of the total, which is said to be the highest proportion yet reached. During the summer sesson of 1889 it was 5·8. Nearly half the foreigners are Americans, and a very large proportion of the rest are Russians. Great Britain is credited with 119. Of course these figures refer to students from all the faculties.

Original Articles.

MECHANO-THERAPY IN SWEDEN AND GERMANY.*

BY EDWARD MUSSEY HARTWELL, PH. D., M. D.,

Associate in Johns Hopkins University.

I.—MEDICAL GYMNASTICS.

All remedial measures which are not blindly traditional are of necessity based upon and prompted by physiological conceptions. The fundamental conception of modern physiology regards the living body as a physical mechanism "whose proper working"—to borrow Huxley's words—"we term health; its disturbance, disease; its stoppage, death." It is, therefore, not surprising that therapeutical measures should become somewhat more direct and mechanical in their character as our knowledge of the nature and course of the perturbations in the various activities of the body is extended and rendered more and more precise. Surgery is now co-equal with medicine, its basely mechanical origin being no longer remembered against it. Hydrotherapy having been rescued, in a measure, from the control of laymen, has, at least in Europe, been accorded a corner in the domains of legitimate medicine. The emancipation of mechano-therapy, which of old stood above surgery, and on a par, to say the least, with hydro-therapy, is of more recent date and has been less complete, especially among English speaking peoples.

The term mechano-therapy and the class of procedures denoted by it are so uncommon, or little thought of, in the British Isles and America as to be practically neglected in the dictionaries of Dunglison and Quain. The term mechano-therapy has, however, the sanction of foreign usage, and is defined in the National Medical Dictionary of Billings as, "The treatment of disease by mechanical means, such as massage, exercise, etc." I shall use the term, then, to denote medical gymnastics and massage, though some writers employ it to denote massage alone. I shall content myself in this paper with attempting to give only a general account of the methods and appliances which one finds in use among the medical gymnasts and masseurs of Sweden and Germany. We need not concern ourselves here with the mechano-therapy of the Greeks and Romans, or that of the Hindoos and Chinese, as the gymnastics and massage now in vogue are essentially products of the nineteenth century; though it is possible to show that they were matters of speculation and experiment in France, Germany, and England during the second half of the last century.

Modern gymnastics have reached their highest development in Sweden and Germany, where for some scores of years they have been systematically employed for purposes of school and military training; but the Swedish *Sjukgymnastik* or movement treatment, is as distinctly superior for medical purposes to the German *Turnen* as it is to the school games of the English. Swedish gymnastics were first quickened and shaped through the instrumentality of Peter Henry Ling, a Swede, who was born in 1776 and died in 1839. It is said that Ling's interest in gymnastics arose from his having been cured, while a student, of a rheumatic affection in the shoulder through the practice of fencing. He began his public career in 1805, as a teacher of gymnastics and fencing at the Swedish University of Lund. Ling was unquestionably a man of genius, and became renowned not only as the founder of Swedish gymnastics, but as a linguist and poet as well. From the time of its establishment in 1813 until his death, Ling was at the head of the Royal Central Gymnastic Institute, at Stockholm. Ling, though an ardent student of the anatomy and physiology of his day, never had a medical degree. He seems to have been an acute observer, an indefatigable worker, and an inspiring teacher. He and his

*Abstract of a paper read before the Clinical Society of Maryland, Dec. 20, 1889, and before Johns Hopkins Hospital Medical Society, March 3, 1890.

pupils succeeded in gaining a large measure of approval and patronage from the public, in spite of the indifference or hostility of the medical profession. Early in in career Ling attracted the attention of Bernadotte, whose friend ship and patronage proved of great service to him and his cause.

Ling divided gymnastic movements into four main classes, viz.: 1, movements serviceable in the treatment of disease or deformity, or *Sjukgymnastik;* 2, movements chiefly useful in promoting and maintaining a normal bodily development, or *Friskgymnastik;* 3, movements suited to rendering recruits in the army and navy strong, dexterous, and enduring, or *Militärgymnastik;* and 4, movements for giving outward expression to thought or motion, or *Aestetiskgymnastik.* It is a cardinal principle in all forms of the Swedish gymnastics, that any given movement of the trunk or limbs has a specific effect upon the inner organs of the body, and that, in medical and developing exercises, only such movements should be employed as have been shown by experience to produce the effect desired. Great care in selecting movements and strict regard to the manner in which they should be performed characterize the Swedish gymnastics.

Although many of the doctrines enunciated by Ling and his successors at the Central Institute, in Stockholm, seem mystical and fantastic in the light of modern physiological and medical science, they are entitled to a high meed of praise for their success in proving the practical worth of methodical, muscular exercise as a means to reaching certain educational, hygienic, and remedial ends.

The procedures employed by the medical gymnasts comprise active movements, which are simply voluntary movements executed by the patient without assistance; passive movements, or movements of the patient's body, or of some part of it, by the manipulator; and duplex movements in which both patient and gymnast take part. Resisted and assisted movements, of which so much is said in massage literature, belong to the so-called duplex movements. The use of passive and duplex movements is one of the most characteristic features of the Swedish movement treatment. According to a recent law, —whose provisions are not retro-active, however—only such persons as pass the examinations set by the Central Institute in Stockholm will be licensed to practice medical gymnastics, and unless they possess a medical degree they must associate themselves with a physician, or act under the direction of one.

The Central Institute has become the most comprehensive and thorough gymnastic school in the world. Ling has had three successors, of whom two were physicians. Its present teaching staff numbers three physicians among its members, as well as several officers of the army, fencing being a favorite branch of instruction; indeed the majority of its pupils are young officers of the army and navy. The course of of study is three years; for women two; the latter being excused from the course in fencing. One must take the full course in order to be graduated as a Sjuk gymnast, but may absolve the requirements of the normal course for teachers of school or military gymnastics in two years. Anatomy, physiology and the principles and practice of movements are the chief studies. Didactic teaching and practical exercises are combined in the instruction throughout its entire course. Some hundreds of school children are taught gymnastics by the pupils of the Institute. In the winter of 1888–89, I found from 100 to 150 patients a day treated solely by gymnastics in the clinics of the Institute; the main purpose of the clinics being to afford the the pupils of the last year, practice in treating disease under the immediate guidance of their medical teachers.

In this country we are accustomed to consider the movement treatment as suitable for orthopædic cases chiefly. The following abstract of the report of patients treated at the Central Institute in 1884 may serve to indicate the inadequacy of our notions in this regard. The total number of patients were 402; of which 226 were males and 176 females. 29 patients were over 60 years and 7

were under 10 years old. The number of patients between 20 and 40 years of age was 182. The number of diseases specified is 48, grouped as follows:

Disease.	Men.	Women.	Total.	Condition when Discharged. Well.	Improv'd.	unimpr'd.	Still under Treatment.
Constitutional.	27	49	76	18	37	1	20
Of Nervous System.	56	30	86	3	38	17	28
Circulatory System.	23	8	31	1	19	2	9
Respiratory Organs.	12	6	18	0	9	2	7
Digestive Organs.	48	11	59	10	26	3	20
Genito-Urinary Organs.	4	3	7	0	3	2	2
Organs of Locomotion.	56	69	125	35	44	7	39
	226	176	402	67	176	34	125

Of the 125 cases classed under Diseases of the Organs of Locomotion only 48 were of an orthopædic nature, 25 were of myositis, 13 of muscular rheumatism and 34 of affections of the joints.

Medical gymnastics and massage are frequently used in combination in Sweden and Norway, though the distinction between the two is nowhere more clearly recognized than in those countries. Massage is understood to consist of a few peculiar manipulations; such as stroking, kneading, friction and striking. It is frequently practised by persons, including many physicians, who are not gymnasts. The massage movements were described and made use of by Ling, among his so called passive movements, though the term massage is French and has become general in Sweden only within the last twenty years. Still, as we shall see, further on, Dutch, German and Swedish physicians have been much more influential than the Swedish gymnasts in winning recognition for massage as a special mode of treatment.

The ordinary medical gymnast is often termed a manual gymnast, for the reason that he employs comparatively little apparatus in his practice; while such simple appliances as he does use, do not come under the head of machinery. One of the most notable forms of the Swedish gymnastics is that known as the Mechanico-Medical Gymnastics, or the Zander Gymnastics as it is sometimes called after its inventor, Dr. Gustaf Zander of Stockholm. In the course of the last twenty-five years Dr. Zander, whose mechanical genius is of a high order, has devised 58 different machines, by means of which it is possible to give circumscribed and accurately regulated exercise to almost any particular group of muscles in the body. The principles and aims of the mechanical and manual gymnastics are essentially the same; but it is claimed that the former is cheaper, more accurate and efficacious means of procedure than the latter. In a proportion of cases the claim is doubtless just; but it is often necessary to supplement the use of the machines by the employment of a trained hand, especially in affections of the joints. The Zander system has been uncritically described and decried in some quarters as a system of Mechanical Massage. It is nothing of the kind. Dr. Zander distinctly disclaims having attempted to devise such a system, and has a staff of trained masseurs to give massage in cases properly calling for it. What he does claim, is this: that the most important and valuable of the procedures comprised in the movement treatment can be better given by his machines than by manual means.

In the construction of his machines, Dr. Zander has made use chiefly of the mechanical principle of the lever, as

that is the principle of construction in most of the joints of the human body. By the ingenious use of counter-weights and of perforated weights which may be fastened at any desired point on the arms of the lever, the resistance afforded by the machines can be accurately adjusted to the special needs of individual patients. The machines are divided into two main groups, viz. : those set in motion by the muscular effort of the patient, and those run by a motor. For the latter series an engine of from 6 to 10 horse power is sufficient. The first group of machines are termed machines for active movements, and comprise the following series of machines : 12 for arm movements, such as flexion, extension and twisting at the shoulder, elbow and wrist ; 13 for similar leg movements ; 9 for trunk extension, flexions and twistings ; and 3 for trunk balancing movements. In the second group are 5 machines for passive movements, and 13 for mechanical manipulations, such as shaking, chopping, rubbing, and kneading. Besides these, Dr. Zander has designed five machines for the special treatment of scoliosis, of which three are employed to counteract abnormal curvature and rotation of the spinal column by means of carefully regulated pressure ; and two are used for accurate measurement of the back and thorax. For distinctly medical purposes the machines for passive movements and for mechanical manipulations are rather more serviceable than the active movement machines, which are more particularly intended for dietetic or developing gymnastics. As is well known, Dr. Sargent, of the Hemenway Gymnasium, at Harvard University, has invented a series of some fifty so-called developing gymnastic machines. In the Sargent machines, which are now to be found in most of the newer gymnasiums of the United States, adjustable pulley weights running between metal rods, as guides, are employed in a great variety of ways. Only active movements are provided for in the Sargent system. Although the Zander machines are superior in many respects to the Sargent machines, their cost is so great that their use is not likely to become general in our ordinary gymnasium. The Woman's College of Baltimore, however, has fitted its gymnasium with a nearly complete set of Zander machines for active movements, being the first institution in the United States to import them. There has been, however, for some years a complete Zander Institute in Buenos Ayres, in South America. Dr. L. Wischnewetzky, who has recently returned from Stockholm with a full set of Zander machines, is about to open a Mechano-Gymnastic Institute, at 28th Street and 5th Avenue, in New York City ; and the University of Pennsylvania Hospital in Philadelphia, where Dr. Zander exhibited his machines at the Exposition in 1876, has, I am told, ordered a full set of machines from Dr. Zander. This is the first instance in which a public hospital, anywhere in the world, has undertaken to give a fair trial to mechanical gymnastics as a mode of treatment. Judging from Swedish and German experiences with regard to private Zander Institutes, many first-class hospitals in other cities will feel obliged to follow the example of the University of Pennsylvania Hospital.

The Zander Institute and its founder stand deservedly high in the estimation of the medical profession of Stockholm, where the physicians are better affected towards mechano-therapy than ever before. The institute was opened in 1865, and has been in continuous operation ever since. It is, however, open for patients only from September 20 till May 15. It has no boarding-house, hospital, or hotel attachment. In the year 1888–89, Dr. Zander's patients numbered 619, in 1887–88, 549. The following statistical statement will afford an idea of the scope of the treatment.

Patients were treated in 1887–88, as follows :

For Anæmia and Chlorosis,	27
For Obesity,	13
For Nervous affections,	79
For Heart affections,	108
For Diseases of the Lungs,	11
For Diseases of the Digestive Organs,	89
For Diseases of the Organs of Locom.	159
Number taking Dietetic Gymnastics,	63
	549

The success of the Swedish gymnasts, both by manual and mechanical means, in treating affections of the heart, has been quite remarkable. In this branch of treatment the Swedes certainly anticipated the so-called Oertel cure for weak and fatty heart. A Zander Institute has very recently been opened in Munich, under Dr. Oertel's auspices, I am informed. It is so totally foreign to our ideas to prescribe or even allow gymnastics in cases of heart disease, that a closer analysis of those cases included in the above table will be of interest. Of 108 cases under heart affection there were:

2 of Angina pectoris,
27 of Erethismus cordis,
52 of Asthenia cordis,
20 of Vitium organicum cordis,
7 of Endarteritis chronica.

There are two Zander Institutes in Stockholm, and one institute where a partial set of the Zander machines are employed in combination with manual gymnastics. At the Royal Central Institute and at the Orthopædic Gymnastic Institute, which has been subsidized by the Crown for many years—perhaps thirty or more—the Zander machines are not in use. Several smaller institutes belonging to private gymnasts also exist in Stockholm. It is within the mark to estimate the number of patients who are annually treated according to the principles of the movement treatment, in the city of Stockholm, as from 1,500 to 2,000; this does not include those in hospital or private practice who receive an exclusive or preponderant massage treatment.

Outside of Scandinavia, mechanotherapy has won recognition chiefly in Germany. This is especially true of the Zander system of gymnastics. In 1885, there were Zander Institutes in St. Petersburg, Christiana, Helsingfors and London; the only one in Germany was at Baden-Baden. Now there are Zander Institutes in Berlin, Hamburg, Breslau, Wiesbaden, Frankfort, Munich, Dresden and Vienna. It is Dr. Zander's rule not to sell his machines to laymen. The text-book on this subject is one entitled "The Movement Treatment and Massage, with Especial Regard to the Zander System of Medical Gymnastics. Wiesbaden: 1889." It was written by Dr. H. Nebel, formerly Medical Director of the Zander Institute at Hamburg, now of the Zander Institute at Frankfort. Dr. Nebel's book is of especial interest, for the reason that he reports on the major part of nearly 1,500 cases treated by him in the course of two seasons at the Hamburg Institute. The report of Dr. Heiligenthal, Medical Director of the Grand Ducal Frederick's Bath, at Baden-Baden, is worth noting. The report was published in March 1888. The department for Mechanical Health Gymnastics was opened in June, 1884, with some 20 of the Zander machines. In the course of two years it was found necessary to increase their number to 73. In 1884, the number of persons who used this department of the Frederick's Bath was 115; in 1885 it was 269; and in 1887, 633. The cases treated in 1887 were classed as follows:

Diseases of the nervous system 140. Therein were included 34 cases of diseased sensory nerves, 31 of disease of motor nerves, 8 cases of writer's cramp, and 42 cases of neurasthenia. Diseases of the heart and blood vessels 84; including 30 cases of fatty heart, 23 cases of valvular disease, (13 cases of mitral insufficiency, 6 cases of insufficiency of the aortic valves), 3 cases of aneurysm of the aorta, 3 cases of heart neurosis, 5 of angina pectoris, 3 of arterio-sclerosis and 1 of varix. Of chronic rheumatism there were 72 cases; of lumbago, gout and arthritis deformans 56 cases; of obesity 54 cases; of general debility 44 cases; of chronic constipation 30 cases, and others of less interest.

Enough has been said, I think, to indicate that medical gymnastics have entered on a new stage of development, that they are more carefully studied, better understood, and more generally prescribed by medical men in Scandinavia and Germany than ever before. The average practitioner of medicine has neither time nor appliances to devote to the mechanico-therapeutical treat-

ment of the obstinately chronic cases in which he is inclined to prescribe "muscular exercise", "out of door life", and other equally vague remedies. Zander Institutes under the guidance and control of regularly educated specialists would be a help, and not a hindrance to the average practitioner in all our large cities. The Zander Institute in Berlin was established by an association of physicians, and the best men of the profession send patients to it.

(*To be continued.*)

OVARIAN CYST IN A GIRL OF 14 YEARS, REMOVED BY LAPAROTOMY, JAN. 27th, 1890. RECOVERY. HEALING BY FIRST INTENTION.

BY WALTER B. PLATT, M. D., F. R. C. S.,

Attending Physician to the Garrett Children's Hospital, 27 N. Carey St., Baltimore.

Eliz. S., white, æt. 14 years, Baltimore. Works in trimming shop. I saw patient for first time in Jan. 1889. She then complained of abdominal pain and swelling. A well defined abdominal cystic tumor was diagnosticated. Dulness above, and in a circle about umbilicus of about 6 inches in diameter. Apparently tumor grew from right side. Pain in genitals. Tympanitic resonance in both flanks, also above and below the region of flat percussion. Fluctuation clearly discernible from side to side. Not as marked as in ascites. Abdomen protuberant, even when lying down. Menstruation and bowels regular and normal; heart and kidneys normal; appetite good; patient appears quite as well as most persons in her position in life.

Since Jan., 1889, she has suffered more pain. Now, Jan. 24, 1890, almost constant aching at seat of growth. Pain in back; when she bends over it is difficult to straighten up again. Complains that when she bends over she has a feeling as if something fell over to the side toward which she was inclined. Sleeps well, lies on left side; cannot lie on back; urinates but twice daily; menstruation every four weeks, lasting three to four days, sometimes profuse, last time scanty. Has just (Jan. 24th), ended menstruated. No pain on menstruation. Abdomen feels at these times more swollen than at other times.

Pain in tumor like a slight cramp; more on right side. Has had tumor now three years to her knowledge. Noticed swelling April, 1887, for first time. An elastic, rather firm body, felt in abdomen. Movable from side to side, tense. Fluctuation laterally. Clinical physical signs as on first examination of tumor. No vaginal examination, as other signs are unmistakable, and patient unmarried.

When examined, in February, 1889, abdomen about umbilicus measured 29¼ inches. No œdema of legs. Face rosy. Healthy looking girl. Present appearance the same. About umbilicus, Jan. 24th, measured 30 inches. Just below umbilicus, girth 31¼ inches, pubes to umbilicus, 8 inches. Patient had a bath every 12 hours, for 36 hours, last two under a nurse's supervision. Calomel, $\frac{1}{10}$ of a grain every hour for seven doses, in afternoon of day before operation; castor oil at bedtime. Enema, also vaginal douche, in morning of day of operation. Two ounces of milk for breakfast. Operation begun at 11.40 A. M. Boiled sponges and instruments used. Four per cent. carbolic solution for instruments. No antiseptic solutions used in abdomen. Skin well washed with soap and water, alcohol and corrosive sublimate solution, 1 to 2000. Ligatures and sutures put in corrosive solution and washed out in boiled water. Hands scrubbed in soap and water several minutes, then soaked in corrosive sublimate solution. Incision in median line, beginning 1½ inches below umbilicus, extending downward 3 inches.

After the slight bleeding from incision has ceased, peritoneum was opened. Glistening, bluish, smooth surface of sac seen. Punctured with trocar after

patient turned on left side. Fluid escaped, turbid, thin, watery, three quarts in quantity. Trocar withdrawn, opening seized with occlusion forceps. Cyst drawn carefully out of abdomen; bladder not seen; fundus of uterus seen. Double braided silk ligature passed through the broad, but long pedicle, tied each way and to opposite side, cut short, and dropped into abdominal cavity. No arteries were tied. Sponge placed in abdomen beneath incision while silk sutures were inserted, placed every ¼ inch, and ½ inch from edge, piercing first the peritoneum. No toilet of peritoneum made, as no fluid or blood escaped into cavity. Dry dressings; iodoform and corrosive gauze; firm gauze bandage over all. No vomiting during or after operation. Ether narcosis. No shock after operation. At close of operation ¼ grain morphia administed per rectum.

Progress of the case: Patient kept in bed on her back 12 days; milk alone for one week, then milk diet; bowels did not move for ten days, then moved with little or no difficulty after an enema of soap and water and sweet oil. No morphia given after the case, except directly after the operation, when ¼ grain was given by the rectum. Urine drawn off twice by catheter, then passed spontaneously on napkin; stitches removed on 9th day, then dressings changed for the first time. There was no marked tenderness or pain at any time in abdomen; slight pain in back from dorsal decubitis.

Feb. 1st, patient hungry; Feb. 8th, "very hungry."

Bowels moved Feb. 6th; sat up in bed Feb. 8th; sat up in chair Feb. 10th; walks about room Feb. 17th; regular house diet.

Feb. 22nd: patient has been perfectly well and out of doors; has to-day "sore throat" and some fever; tonsillitis; patient went home against advice; no abdominal symptoms of any kind; wound entirely healed; linear firm cicatrix.

During the progress of the case patient had for two or three days 10 drops of diluted muriatic acid for slight indigestion, and later carbonate of iron, 4 grs t. i. d., for slight anæmia.

During the last few days of her stay she has had a good color, and is apparently in excellent health.

The tumor consisted of two cysts; one, the larger, was parovarian, and contained a little over 3 quarts of thin, green-gray watery fluid.

The second cyst was distinctly ovarian, about the size of an orange, and contained about 6 ounces of clear, yellow fluid.

The entire growth was without any adhesions.

859 Park Avenue.

A CASE OF SUPPURATIVE MASTOIDITIS. *

BY HERBERT HARLAN, M. D.,

Attending Surgeon to the Presbyterian Eye, Ear, and Throat Charity Hospital, of Baltimore.

G. L., a boy of 8 years was brought in with left side of head greatly swollen and with a profuse discharge of offensive pus both from external auditory meatus and from two openings behind the ear. A glance showed that it was a case of extensive necrosis of the mastoid portion of the temporal bone. A probe detected the presence of a large piece of loose dead bone, and the patient was then put under the influence of bromide of ethyl. The large opening behind the ear was increased slightly in size and then with a pair of dissecting forceps five large pieces of bone were removed. The cavity was syringed with a sublimate solution, and the boy was under observation daily for one week. At end of that time, swelling had gone down and discharge nearly ceased. The face on that side was paralyzed, and of course all hearing gone. The parents stated that the ear had been in about the condition it was when first seen, for two years.

*Reported at the Clinical Society of Maryland Jan. 21st, 1890.

The case is interesting and instructive from several standpoints. First, from the large quantity of bone removed. One of the fragments was plainly the anterior wall of the carotid foramen and this piece also contained the ring of bone to which the membrana tympani is attached. This piece coming from the extreme inner and anterior part of the petrous portion of the temporal bone, showed clearly that about all of that portion of the bone had been destroyed. It seemed as if quite enough bone was removed to account for all that part of the bone, especially when allowance is made for what was carried away in the process of suppuration extending over two years.

The case is not less interesting, also as showing how nature makes her cures in certain cases, and it is quite possible that the boy might have arrived at his present condition in two or three more years if he had been left entirely alone. That is, that in that time the dead bones would have been dissolved and discharged in small pieces. That the patient escaped a fatal meningitis or hæmorrhage from injury to the carotid artery by some of the sharp points of the bone during these two years is another evidence of the possibilities of nature's surgery.

The case is also instructive as showing the course acute inflammation of the middle ear sometimes takes when left to itself. This one doubtless, started as an otitis media and the boy had a severe ear-ache. This extended to the mastoid cells and about same time ruptured the drum head. Then mastoiditis ensued and the necrotic process made an external opening in the bone behind the ear and the trouble and suffering continued until relieved by treatment which aided nature. Proper treatment instituted at any stage would almost surely have given entire relief. And without treatment it is needless to say that the majority of similar cases would have succeeded to an attack of meningitis about the time of the first invasion of the mastoid.

317 North Charles Street.

Society Reports.

PHILADELPHIA OBSTETRICAL SOCIETY.

STATED MEETING HELD JAN. 2nd, 1890.

Dr. Augustin H. Goelet, of New York, read a paper entitled

THE CONSERVATIVE TREATMENT OF INFLAMMATORY DISEASES OF THE UTERINE APPENDAGES, AND SEQUELÆ, BY ELECTRICITY.

(*see page* 406.)

Dr. G. Betton Massey read a paper entitled

TREATMENT OF CHRONIC CATARRHAL SALPINGITIS BY ELECTRICITY.

(*see page* 427.)

In the

DISCUSSION

which followed

Dr. M. Price said: I have been much pleased with the paper of our friend from New York. Except in one or two instances he does not infringe upon the surgeons' field in abdominal surgery. I most certainly disagree in regard to electro-puncture. There are very few instances of tubal diseases in which the tube does not lie out of the reach of such puncture as he refers to. Again, the sacculated condition of the tube, and the associated conditions of the ovary and surrounding tissue, would usually render it impossible to reach and open the abscesses.

Another thing; in some four hundred cases, I have yet to see a case of tapped pyosalpinx or even hydrosalpinx, with very few exceptions, where the tube could float back to its normal position. On the contrary, it is often like quarrying out a cobble-stone from the pelvic wall or the abdominal wall. Their attachments may be almost anywhere.

Occasionally they are in Douglas' pouch, and could be tapped if there were only one abscess. This, however, involves months of treatment. I have a case of pus-tubes which has been pronounced cured five different times in the last ten years. The last time I treated her I found a ruptured tube, the belly full of pus, and the whole outlook was one of rapid death. There was no other treatment but removal. Our friend does not claim that these cases come within the bounds of electricity, and any man that will operate for simple ovaritis, painful belly, or painful uterus, without being able to map out a positively diseased mass, is no true surgeon. The presence of pus and the temperature and pulse indicate that there is a condition which must be relieved—then, and then only, is the surgeon expected to operate. If electricity will do any good, I believe that it will do it in simple ovaritis and simple endometritis, if they exist, which I doubt.

Dr. Massey's onslaught on operators can be amply refuted by his own cases. I have seen cases he has pronounced well operated on by different men, and pus found. In Dr. Massey's cases, where there was recovery following the discharge of pus, it was not the effect of electricity, but simply good luck. Some years ago Dr. Keating saw with me a case in consultation. We decided that she had old-fasbioned pelvic peritonitis, following labor. A few days later there was a profuse discharge of pus from the uterus. The woman is still living, in moderately good health. She has been barren since. It was not our treatment that saved this case any more than it was Dr. Massey's treatment that saved his case. It was simply good luck.

Dr. J. M. Baldy. — In treating these cases of pelvic inflammatory diseases, electricians lose sight of the pathological condition; they treat the symptom (pain), but lose sight of the cause of the pain and the pelvic peritonitis. Pelvic inflammatory troubles can be divided into a great many forms. Pyosalpinx and hydrosalpinx I shall not discuss, as electricity has absolutely no place in their treatment. We come then to that which is probably the most frequent and the most troublesome of the sequelæ of pelvic inflammations; that is, where the tubes and ovaries are simply adherent to surrounding parts. The tube and ovary may be healthy. At times the lining membrane of the tube is diseased, and the tube will roll between the fingers when removed like a piece of wire. Again, the tube may have undergone a cheesy degeneration. This is the class of which electricians make the most capital and in which they claim the most cures.

What, in such a case as this, does electricity do? Dr. Goelet, in a lecture before the polyclinic class in New York, stated that "electricity melted adhesions like snow under the summer's sun." I have seen a good many cases in which there were adhesions (and in which I considered the adhesions the cause of the whole trouble), treated by electricity, and I have not yet seen a single adhesion melted, or a single case cured. There is one well-known case which has been often before this society, the specimen from which I hope to present to you before long, as she has requested me to operate. This case has been twice reported as cured, it has been reported in a notable work on electricity and in several journals as cured on as many different occasions. After being reported cured, the woman has in from one to two and a half months returned with another attack of pelvic peritonitis. She has now had some half a dozen such attacks while under treatment by electricity. That woman is in the same pathological condition as when I placed her in the hands of the electrician. The condition is simply one of adherent tubes and ovaries. These attacks of pelvic peritonitis were more quickly relieved by saline purges, tampons of glycerine, and other local measures, than they been by electricity.

If in these cases where there are accumulations we puncture and drain, we leave just what we have been describing, —a diseased and adherent tube and ovary. Puncture removes the accumulation but does not cure the disease. The disease remaining, pain and perito-

nitis will surely occur periodically to a greater or less degree. So far as opening the uterine end of the tube by electricity and so draining is concerned, I think that is nonsense. After removal of the tube, I have often tried to pass a sound or even a bristle through the uterine end of the tube and have uniformly failed. In regard to passing instruments into such a tube through the uterus, that seems the height of absurdity.

Dr. Massey claims that if treated in a hospital these cases may be cured. Not one in a hundred patients can afford to have treatment in a hospital long enough to be relieved, let alone cured; at any rate, they could not be permanently cured if they stayed there until doomsday.

Dr. J. Price — This subject requires plain speaking. I am something like the Sunday-school boy, who, after he had been told the Jonah story and then the Daniel story, said, "Hold up; you are going a little too far." I feel so about this electrical business. I am amazed at the claims of these two electrical papers. The subject scarcely belongs to an obstetrical and gynæcological society. But there are a few points of which I shall speak. One of the gentlemen prefaces his paper with remarks on conservative gynæcology, and speaks of sterility. I control probably the largest gynæcological clinic in America. Hundreds of women come who have been sterile one to ten years, with evidences of slight mischief on one side or both sides, — the class of cases to which Dr. Massey refers. After receiving local applications, hot water douches, etc., with general treatment, they conceive and bear children. I wish to call attention to my experience in the Midnight Mission, an institution for reclaiming fallen women. For a long time I was physician to that institution, and my experience there shows what rest for six months and general treatment, without local treatment, will do for sterility. Some of these women had had one child and been sterile for five or six years, although they had many opportunities for becoming pregnant. Many of these women after leaving the institution restored in general health became pregnant in a few months. One speaker alludes to pain following operations. There are a few operations that should not be done; but if he is alluding to operators who are doing good legitimate work in Philadelphia, he is mistaken. I have here a bucketful of pus tubes, some as large as sweet potatoes, to demonstrate my position. I would sooner think of cutting off my right hand than of removing an ovary for ovaralgia, backache, or hysteria. I have frequently been asked to remove the ovaries in such cases, but have always declined.

Chronic endometritis is not so common among gynæcologists as it is among electricians.

I specially ask these electricians why it is that suppurating glands in the groin, neck, popliteal abscess, palmar abscess, and pus in other parts of the body receive no attention at his hands, while pus in the pelvis, the existence of which he guesses at, under the influence of electricity melts like "dew before the summer's sun"? They have a beautiful classification of cases into the first, second and third stages. I have called attention to the so-called "acute" stage a few minutes ago, where, under rest, arsenic, iron, strychnia, fresh air and good diet, the women have conceived. These cases, the specimens of which I present, had lost flesh, had a quick pulse, and a high temperature. Some were unable to walk. Many of them had refused operation and undergone a variety of treatment, electrical and other. You put them to bed, purge them and prepare them for operation, and in two or three days they are free from pain and feel so well that occasionally some refuse operation. Here is a typical pus-tube. That tube was six inches long. I show you two pus-pockets—what would the electrician do with these cysts and multiple pus-sacs? These cases are always complicated. Everything is involved, from the promontory of the sacrum to the pubic bone, and from vermiform to sigmoid.

Here is another tube into which it

would have been impossible to pass a filiform bougie. This tube contained seven pus-sacs as large as hickory nuts and walnuts, with an ovarian abscess and a small broad-ligament cyst. On the other side there were some five pus-sacs, making in all about thirteen abscesses. It would have required some skilful work to have tapped all of these with these little electrical trocars.

These are all pus-tubes. Some of the women have refused operation, and later asked for it. These operations have not been done simply for the relief of pain. Of course it is our duty to relieve suffering. There is nothing that makes me prouder of my work than the fact that many of the women on whom I have operated for pus are now among the healthiest and most energetic women walking the streets of Philadelphia.

Dr. Massey claims complete cures. They have never proven their case. Could I open the abdomen and display a single or double pyosalpinx or hydrosalpinx, and without removing them introduce two or three stitches, I would gladly turn one of these cases over to the electrician and let him demonstrate how he could open the tube, make the fimbriated extremity stand out, and the woman conceive at the first opportunity. I am amazed to hear of such marvelous cures without sufficient data being given to fortify the statements made. I sometimes feel that it is almost criminal to attempt these cases without accurate diagnosis. It looks like simply extorting money from these patients. I often wonder why electricians have given up the general application of electricity. The electrical expert in gynæcology was a short time ago making general applications of electricity for nervous disturbances. It would be of value if they would tell us what they accomplished by the general application of electricity, why they gave it up, and why, without special training in gynæcology and the treatment of pelvic troubles, they take it up and pose as experts. I feel that no man knows anything about pelvic imflammatory troubles until he has dealt with them from above and below. They want to study their pathology, and not to give us the pathology of forty years ago. We are too far from Egypt and the pyramids to plough our ground with crooked sticks.

Dr. Augustin H. Goelet, New York, in closing the discussion, said: It seems to me unnecessary to make such a tirade about pus-tubes. I stated in my paper that I limited the aspiration to certain conditions. I operate myself for tubes that cannot be cured. There are many cases, however, that get well even without electricity. They conceive and enjoy good health afterwards. The fact that they are able to conceive I know does not show positively that they are well; but this would be impossible if laparotomy were performed; for if we found one tube diseased and the other suspicious, both would be removed. I do not see the necessity of the exhibition of these specimens. I do not say that a single one was removed unnecessarily, if it were done to save life. I have, however, cured many of these cases with electricity, and a number of the women have become pregnant and enjoyed good health afterwards, and, so far as it is possible to determine by palpation, they are anatomically cured. I can relate one case which I aspirated shortly after my return from Europe. She came to my office with a distended tube in the cul-de-sac. I sent her home and told her to clear out the bowels. I examined her two days later and found the tube greatly distended. I tapped the tube through the vagina and withdrew an ounce and a half of muco-pus. The patient is well to-day, with no evidence of disease, not even a thickened condition of the tube.

Those who say that salpingitis cannot be cured by electricity are mistaken, and do not know what they are talking about. I was a gynæcologist before I began the use of electricity, and I do not claim to be an electrician. Hypertrophy can be cured by electricity. I have said that exudations and adhesions will dissappear rapidly under the influence of strong galvanism, but do not claim that all adhesions can be removed. The fimbriated extremity of the tube when adherent may not be forced up into

position by electricity; but if the distended tube is emptied it will assume somewhat its normal position. Then, by relieving the inflammatory condition at the proximal end and removing by absorption the exudation which surrounds it, drainage may take place through the tube into the uterus. The previous speaker has stated that many of the cases formerly considered to be endometritis were instances of mistaken diagnosis, and were really pyosalpinx, which is true. Such cases may and do recover under treatment by electricity when drainage through the uterus can be secured.

What became of these cases ten or fifteen years ago, before the operation for removal was devised? Many of them got well even under the older methods of treatment. They were not operated upon then, and very few of them died. When a fluctuating tumor was found in the vagina it was opened as an abscess, and the patient got well. Now, what I advocate is emptying the abscess or distended tube in the vagina when it can be reached, and the use of the galvanic current through the aspirating needle after the removal of the pus, in order that there may be no extravasation into the surrounding tissues.

The argument in regard to abscess in other parts of the body is unfortunate for the gentleman who advanced it. He would not amputate the finger for a whitlow, or the head for an abscess of the neck, but he would let out the pus. This is just what I advocate.

There are many cases of pyosalpinx that do not demand immediate operation or amputation, and in some of them the pus can be reached by the vagina. I fancy that these gentlemen would not risk to have the testicles removed without some effort being first made to cure the disease.

All I advocate is, that we try to cure some of these cases instead of operating hastily. Frequently operation is advised and practised when unnecessary. I can recall a case which came under my observation, on which the operation was done simply for hæmorrhage from the uterus following miscarriage. The curette had been used with benefit, and in about a week the flow stopped. The abdomen was then opened and healthy tubes and ovaries removed. The patient has suffered pain ever since, or until she was relieved by bipolar faradization. She never had a pain before the operation.

There is a mistaken idea in regard to the applications of electricity to the tube. I do not try to make applications inside the tube. The applications are made to the endometrium, and the effect upon the tube is obtained by the current passing along the muscular structure. The galvano punctures are made into it by means of the needle. This method of treatment does cure many of those cases of thickening of the broad ligament which to-day are being submitted to operation for removal.

Dr. G. Betton Massey.—I have but little to add to the reply made by Dr. Goelet. I was strong in my condemnation of hasty operation for these inflammatory conditions because I feel we are drifting into a fashionable fad that on second thought would be abandoned to a certain extent, and because I had had positive results that make me capable of speaking on the matter. Dr. Price misconceives my ideas entirely in regard to the cure of pus tubes, and in supposing that I catheterize the tube. My object in these applications to the endometrium is to bring about resolution in the mucous membrane, and as the morbid process went upwards, so the curative process may extend in the same direction.

The comparison in regard to inflammatory abscess in the neck and elsewhere is an unfortunate one. These conditions in the pelvis are not abscesses, according to the correct use of the word. They are collections of pus in a portion of a natural cavity. If they can be relieved by a correction of the morbid process that causes the accumulation, they should be.

What we want in a society like this is not the exhibition of a bucketful of specimens, but a careful statement of the results a year after treatment. I do not say that the results after operation will not be good, although they have not been in the cases seen by me; but

whole facts should be given to us. It should be remembered that this operation is a new thing and is still on trial.

To illustrate what is thought of it by some gynæcologists, I will quote two sentences from a letter by a prominent gynæcologist of New York, Dr. Thomas Addis Emmett, which appeared in a recent number of the *New York Medical Journal*. "The burden of proof must rest with those who claim so much for the operation, to show that the after condition of their patients justifies its frequent performance. If they neglect to vindicate themselves, the verdict must be, if it rests on the judgment of others, that while it may prove a source of pecuniary profit to the operator, a very large number of women who trust to their honesty have not been benefited, and their condition has been made a more deplorable one."

In reference to Dr. Baldy's remarks on a case that has not been permanently cured, and which I have referred to him for operation, he should remember that the conditions are entirely different from those under discussion, a prolapsed ovary being the most prominent feature. This is, moreover, a clinic case that will not observe the personal hygiene during treatment which might have changed her six months' relief into a permanent cure.

The cases I have cited prove that diseased tubes may be so completely cured as to be able to perform their highest normal function—that associated with pregnancy; and it follows that no operation involving a permanent destruction of the parts should be performed until this method has been intelligently and skilfully tried. To say, as some have this evening, that pregnancy occurs anyway in these cases, is absurd. If these gentlemen think that pregnancy is possible, why do they perform this operation?

Adjourned.

PULMONARY PHTHISIS AND PULMONARY TUBERCULOSIS.

Neelsen* emphasizes the fact that pulmonary phthisis and pulmonary tuberculosis are not identical, and says that in the study of the tubercle bacillus many important processes occurring in the lungs have been overlooked. The inhalation of tubercle bacilli, especially when mixed with dust, by which their specific action is intensified, does not of itself produce in animals what we call pulmonary phthisis, but an infundibular pneumonia (Aufrecht), in whose neighborhood miliary tubercles establish themselves, grow and break down, forming throughout the lungs foci the size of a pea or larger. This picture does not correspond with the ordinary one of phthisis, in which two other things are necessary, the formation of cavities and attacks of pulmonary inflammation.

In the majority of cases the cavities are of bronchiectatic origin. The bronchi, narrowed or obliterated from inflammatory processes in the lymph vessels of their walls, become distended behind the obstruction by the retained secretion. Their walls are destroyed by the tubercle bacilli or other pus-producing bacteria, till either the obstruction is overcome or an opening is made into neighboring bronchi. The pneumonic processes which exert so large an influence on the course of phthisis are not excited by the tubercle bacillus, but are due to other organisms.

The same distinction is to be made in both etiology and treatment. It is impossible to speak of a special predisposition to tuberculosis, but only one for an infundibular pneumonia (staub-infundibular pneumonie), arising from the inhalation of dust, nor is it possible to hope for the cure of phthisis by any method affecting only the tubercle bacilli. A specific may be found for tubercular joint lesions, perhaps also for miliary tuberculosis, but never for phthisis, as that is not the result of the tubercle bacilli alone.

As a corollary to this paper Lemhardi† and Neelsen report a case of phthisis pulmonalis in which no evidence of tubercle was to be found either during life or at the autopsy.—*Boston Med. and Surg. Jour.*

*Schmidt's Jahrb., No. 1, 1890.

†Centrblt. f. Klin. Med. x, 36, 1889.

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WILLIAM B. CANFIELD, A.M., M.D., Editor

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BALTIMORE, APRIL 5, 1890.

Editorial.

THE ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

The annual meeting of the State Faculty which will be held in this city beginning on the fourth Tuesday of the present month, bids fair to be one of the most important in the history of this honorable Society.

At this meeting the change in the constitution reducing the membership fee and annual dues goes into effect and as a result of the same, large additions to the membership of the Faculty will be made. Over seventy names have been secured by the committee on membership up to the present time, and many others, it is believed, will be secured before, and at the time of the meeting. Among these names are some of the most prominent physicians in the state, who have held aloof from the Faculty on account of its former local characteristic methods of work and very high fees for country members. The organization of the semi-annual meeting held in Hagerstown, was so striking as to induce a number of the profession in Western Maryland to hand in their names for membership. In other sections of the State the same interest is being developed.

It is confidently believed that if these semi-annual meetings are continued in the same manner that in less than five years fully one half of the profession in Maryland will have been added to the membership of the State Faculty. Not only will its ranks be filled up by the best element of the profession in Maryland, but its influence to the entire profession of the state will be so greatly promoted that no physician in regular medicine in the State will feel that he can safely remain outside of its ranks. In this manner the Faculty will be restored to its former position as State organization.

At the forthcoming meeting, all of these facts will be made fully apparent and a new impetus will be given to the purposes of the Faculty, and to the development of its hold upon the profession of this State. Its varied life's work will be neglected in no particular by the efforts now being made to enhance its social and material interests. The Faculty needs the entire support of every respectable physician in Maryland; it

can never meet its obligation as a State organization until it interests its membership in all worthy and useful places for the advancement of its professional pride, honor and educational interests in Maryland. Before its enlarged and more efficient reörganization, will disappear many of these evils and methods which now prevail to the great detriment of the professional *esprit de corps*. The profession in the cities and in the counties of this State now suffer from professional incompetency, ignorance and charlatanism to an appalling degree. This condition can only be met by the organization and influential efforts of representative members of the profession in every section of the State.

We hold that the State Faculty is the only organization in the State which should be entrusted with this work. It must meet this responsibility or lapse either into disorganization or inefficiency as a representative body.

For the reasons here assigned we urge large attendance upon the coming annual meeting, and suggest that those physicians in the counties who can do so should make an earnest effort to be present, and then should enlist in the good work the Faculty may undertake.

A BILL TO REGULATE THE PRACTICE OF MEDICINE IN MARYLAND.

The bill to regulate the practice of medicine in Maryland has passed the Legislature in a very satisfactory form and will become a law as soon as the governor's signature has been attached. After years of struggle with good examples in neighboring States, the profession of Maryland has finally a law acceptable at least to the majority, and such a law is a matter of congratulation both to the profession and to the people.

Reviews, Books and Pamphlets.

The Principles and Practice of Surgery; being a Treatise on Surgical Diseases and Injuries. By D. Hayes Agnew, M. D., LL.D., Professor of Surgery in the Medical Department of the University of Pennsylvania. Profusely illustrated. Second Edition, thoroughly revised, with Additions. In Three Volumes; Vol. I, pp. 23–25 to 1114; Vol. II, pp. 16–17 to 1066; Vol. III, pp. 15–17 to 785. Philadelphia: J. B. Lippincott Company, 1890. Price per volume, extra cloth, $7.50, sheep, $8.50, half Russian, $9.00.

The advances made in surgery since the birth of bacteriology as a classified part of medicine, have rendered a revision of all works on surgery necessary. Since the first edition, issued twelve years ago, the subject of antiseptic surgery has formed a rapidly growing chapter in surgery. This growth, these changes and advances, have compelled the addition, revision and transposition of many chapters in this book, and this, together with the old matter, makes up three enormous volumes, containing nearly three thousand pages, and averaging about one illustration for each page. There seems to be a desire to crowd almost too much in these large works on surgery. A short and elementary chapter on "Massage" is an important addition to this work. The book, in its present form, is a small library in itself.

A Treatise on Fractures. By Prof. Armand Després, Translated by E. P. Hurd, M. D. Detroit: George S. Davis, 1890. Pp. 112; price, cloth, 50 cts., paper, 25 cts.

This is an excellent little treatise on fractures. It is from the third edition

of Després' *Chirurgie Journalière*, and not only gives the author's experience in the varied kinds of fracture and their treatment, but the translator has very wisely added the latest American opinions, thus making the book very complete.

Menthol in Acute Cold in the Head; The Influenza Epidemic, and other Affections of the Nose and Throat. By LENNOX BROWN, F. R. C. S., etc. London: Reprinted from *The Medical Press*, Jan. 8, 1890.

Aneurism of the Aorta Simulating Cardiac Valvular Disease. By GEO. DOCK, M. D., Professor of Pathology, etc., in the Texas Medical School and Hospital. Reprinted from the *Medical and Surgical Reporter*, December 21, 1889.

Leprosy, with a Report of Ten Cases. By GEORGE DOCK, M. D., etc. Reprinted from *Transactions of the Texas State Medical Association*, 1889.

The Examination of Sputum in the Diagnosis of Tuberculosis. By GEO. DOCK, M. D., etc. Reprinted from *Texas Courier-Record of Medicine.*

The Early Detection of Pulmonary Consumption. By WM. B. CANFIELD, M. D. Reprint from *Maryland Medical Journal.*

Anomalies of the Ocular Muscles. Third Paper. By DR. GEORGE T. STEVENS. New York: Reprinted from the *Archives of Ophthalmology*, Vol. XVIII, No. 16, 1889.

An Experiemntal Study of Intestinal Anastomosis. By JOHN D. S. DAVIS, M. D., Birmingham, Ala. Reprinted from *The Times and Register*, Jan. 25, 1890.

The Value of Laparotomy in the Diagnosis and Treatment of Minor Forms of Intra-Abdominal and Intra-Pelvic Diseases. By THOMAS A. ASHBY, Baltimore. Reprinted from Vol. XIV, *Gynæcological Transactions*, 1889.

Miscellany.

A BILL TO REGULATE THE PRACTISE OF MEDICINE IN MARYLAND,

A bill entitled an Act to repeal sections 39, 40, 41, 42, 43, 44, 45, 46 and 47, of Article 43, of the Code of Public General Laws, title "Health," sub title "Practitioners of Medicine," and to re-enact the same with amendmeuts; and to add additional sections to said Article, under said sub-title, to come in after section 47, and to be designated as sections 48 and 49.

SECTION 1. Be it enacted by the General Assembly of Maryland, that sections 39, 40, 41, 42, 43, 44, 45, 46 and 47, of Articles 43, of the Code of Public General Laws, title "Health," sub-title "Practitioners of Medicine," be and the same are hereby repealed and re-enacted with amendments, so as to read as follows:

SEC. 39. And be it further enacted, That every person, not now practising medicine, who shall hereafter begin to practise medicine in any of its departments, except dentistry, in the State of Maryland, shall possess the qualifications required by this Act.

SEC. 40. And be it further enacted, That a State Board of Medical Examiners consisting of twelve members, be appointed, composed of two sections, known as the "Regular and Homœopathic Sections of the Medical Examiners Board," each section to have exclusive right to examiue and pass upon the qualifications of its own applicants, said members of the regular section to be appointed by the Medical and Chirurgical Faculty of Maryland, of which two shall be from the counties of the Eastern Shore, and five from the Western Shore, of which latter number two shall be from the counties west of the Blue Ridge Mountains; and said Homœopathic section to be composed of five physicians, appointed by the Maryland State Homœopathic Medi-

cal Society, of which three shall be residents of Baltimore, and two of the State at large; the appointees shall be physicians actually engaged in the practice of medicine, and of recognized ability and honor; the term of office shall be four years, or until their successors are appointed and qualified; the term of office of the Board first appointed shall commence on the first Tuesday in May, 1890; no member of any college or univesity, and no physician having a pecuniary interest in the trade of pharmacy shall be appointed to serve as a member of said Board; vacancies occurring in such for unexpired terms shall be filled by the Board, in accordance with the foregoing provisions of this section, and for expired terms in same manner as for first appointees.

SEC. 41. And be it further enacted, That the Board of Medical Examiners shall meet within thirty days after receiving official notice of their appointment, and proceed to organize by electing a President, Secretary and Treasurer. It shall have a seal, and the Secretary shall be empowered to administer oaths in taking testimony upon any matter pertaining to the duties of said Board. Said board shall hold an annual meeting in the City of Baltimore on the fourth Tuesday in May, and at such other time and places as the President of the Board may deem expedient. Eight members shall constitute a quorum. The board shall keep an official register of all applicants for examination for a license to practise medicine and surgery in this State, said register for license shall show the name, age and last place of residence of each candidate, the school from which he or she may have graduated, and whether such applicant was rejected or licensed under this Act, but such matters shall not be written in said register or made public until after the examination.

SEC. 42. And be it further enacted, That it shall be the duty of said board of Medical Examiners to prepare a schedule of written examinations upon Anatomy, Physiology, Chemistry, Surgery, Practise of Medicine, Materia Medica, and Therapeutics, Obstetrics, Gynæcology, Pathology, Medical Jurisprudence and Hygiene. All persons commencing the practice of medicine or surgery in any of its branches after the passage of this Act by the General Assembly shall apply to said Board of Medical Examiners for a license so to do, and when said applicant shall have passed an examination as to proficiency satisfactory to said Board, the President shall grant to such applicant a license to practise medicine and surgery in the State of Maryland.

SEC. 43. And be it further enacted, That all examinations shall be conducted in such manner that the name, school of graduation and preparatory training of said applicant shall not be made known to the Board of Examiners until his examination papers have been graded in accordance with the standard and rules arranged by said Board. The examination shall be fundamental in character and such as can be answered in common by all schools of practice. The votes of all the examiners present shall be "yes" or "no," written with their signatures upon the backs of the examination papers of each candidate for the respective branches, An applicant receiving a majority of the votes of the section of said Board before whom the applicant appears, shall be considered to have passed a satisfactory examination and entitled to the license of the said Board.

SEC. 44. And be it further enacted, That a fee of ten dollars shall be paid to the Treasurer of said Board by each applicant before such examination is had which said fee shall be applied toward paying the expenses of the Board.

SEC. 45. And be it further enacted, That the Board may by two thirds vote refuse to grant or may revoke a license for the following named causes, to wit: chronic and persistent inebriety, the practise of criminal abortion, or for publicly advertising special ability to treat or cure diseases which, in the opinion of

said Board it is impossible to cure. All parties charged with such offences shall be given a hearing before said Board in person or by attorney, and can appeal from the decision of said Board in person.

SEC. 46. And be it further enacted, That the Board shall refuse to grant a license to any applicant who may be radically deficient in his examination in any essential branch.

SEC. 47. And be it further enacted, That any person receiving a license from said Board shall file the same, or a certified copy therefore with the clerk of the Circuit Court of the county or city in which he or she may reside, and it shall be the duty of said Clerk to register the name of such person, and the president of the Board signing the same in a book kept for the purpose, as a part of the records of his office; the fee for each registration shall be one dollar, to be paid by the person whose name is registered.

SEC. 48. And be it further enacted, That this act shall not apply to commissioned Surgeons of the United States Army, Navy or Marine Hospital service, to physicians or surgeons in actual consultation from other States, or to persons temporarily practising under the supervision of an actual medical preceptor.

SEC. 49. And be it further enacted, That any person to whom the provisions of this Act applies, practising or attempting to practise medicine or surgery in this State, without first having obtained the license of said Board of Medical Examiners, shall be guilty of a misdemeanor, and shall pay a fine of not less than fifty dollars, nor more than two hundred dollars for each offense, or in default of payment shall be confined in the county jail until the fines and costs are paid, and shall be debarred from recovering compensation for services rendered as such physician or surgeon.

SEC. 50. And be it enacted, That all Acts, or parts of Acts now existing, not in accordance with the provisions of this Act are hereby repealed.

SEC. —. And be it further enacted, That the provisions of this Act shall not apply to any midwife or person who may render gratuitous services in cases of emergency.

SEC. —. And be it further enacted, That it is provided that said Board shall make a written report to the Medical and Chirurgical Faculty of Maryland and to the President of the Homœopathic State Medical Society every two years.

SEC. —. And be it further enacted, That this Act shall take effect from the date of its passage.

A CALL TO MEDICAL SCHOOLS.

To the Medical Colleges of the United States: The following Baltimore Medical Schools, UNIVERSITY OF MARYLAND, BALTIMORE MEDICAL COLLEGE, COLLEGE OF PHYSICIANS AND SURGEONS, BALTIMORE UNIVERSITY, WOMAN'S MEDICAL COLLEGE OF BALTIMORE, and the STAFF OF THE JOHNS HOPKINS HOSPITAL, having met for the consideration of reforms urgently needed in the system of medical education hitherto in operation in this country, after a full discussion of this most important subject, have come to the conclusion that it is not expedient, nor indeed practicable for the medical schools of any State to assume *alone* the responsibility of adopting advanced methods. Yet fully convinced of the pressing need of a change and earnestly desirous to see it consummated, they are unwilling to let matters rest longer as they are, without at least an effort on their part to improve them. They have determined, therefore, to issue this appeal to the medical schools of the United States for their co-operation in inaugurating a *national advance.* Fully aware of previous ineffectual efforts in this direction, they yet realize that times have greatly changed since these efforts were made, and they believe that a repetition of them at this time would have a good prospect of success. The approaching meeting of the American Medical Association, drawing delegates, as it will, from every part of the coun-

try, offers a good opportunity for convening those who are interested in the contemplated changes. We therefore invite you to join with us in holding a conference for the full consideration of "Medical Education in this Country and Measures for its Improvement," and we request that you will appoint, at your earliest convenience, one or more delegates from your Faculty to represent it at a meeting to be held at Nashville, Tennessee, on the 21st of May, 1890, at 3 P. M. It is requested that delegates should be instructed, as far as possible, as regards the wishes of their Faculties upon the various measures now proposed in connection with advances in medical instruction, in order that definite results may be arrived at with the least possible delay and trouble. The following subjects are considered as most likely to come up for discussion :

1. Three Years Course of Six-Months' Sessions.
2. Graded Curriculum.
3. Written and Oral Examinations.
4. Preliminary Examination in English
5. Laboratory Instruction in Chemistry, Histology and Pathology.

A. FRIEDENWALD, M. D., President,
EUGENE F. CORDELL, M. D., Secretary.
on behalf of the Baltimore Faculties.
BALTIMORE, MARCH 20TH, 1890.

☞ *Please notify Dr. Eugene F. Cordell, No. 2111 Maryland Avenue, Baltimore, Md., of the action you may take regarding this Circular.*

Medical Items.

The Pharmacy Bill failed to pass the House.

Dr. George H. Jones, of Prince Fredericktown, has been made treasurer of Calvert county.

The appropriation from the State for the Lying-in Hospital is $3,000, and for the University Hospital $3,750.

Dr. Frank Woodbury and Mr. F. A. Davis of Philadelphia, paid a visit to Health Commissioner Rohé last Thursday.

Col. Eli Lilly of Indianapolis gave, according to the daily papers, $1000 to the sufferers at Louisville.

The new laboratory of the Harvard Medical School will be completed in September.

A gynæcological society has been founded at Cracow, under the presidency of Professor M. Madurowicz.

The Johns Hopkins Hospital has been so overrun by visitors to inspect it, that they will now be admitted on Wednesday only between 3 and 5 P. M.

Ectopotomy is the term which has been introduced by Stratz to include all laparotomies undertaken for the relief of ectopic pregnancy.

Eastmanville, Mich., is said to be without a physician, the only doctor in the place having inherited some money, and sought a more desirable residence.

Dr. Eugene F Cordell of this city, will deliver the annual address before the Alumni Association of the University of Maryland on April 16, 1890.

Dr. Edward M. Hartwell of the Johns Hopkins University, went to Boston last Thursday to read a paper before the Society for the Advancement of Physical Culture.

According to the statistics of Secretary Carter of the Health Department, there were 151 deaths from measles in this city for the first three months of 1890 as against 2 for the same period in 1889.

According to the *Medical Record*, the late catarrhal epidemic has made the young doctors dance with joy, while the older ones wish they had never been born ; and the specialists are a little in doubt, but expect something later from the wreckage.

The American Climatological Association will meet this year at Denver, Col., September 2d, 3d, and 4th. A number of complimentary excursions will be tendered the visitors, and it is expected that low rates for the trip will be secured.

A German contemporary states that a pork butcher of Breslau, convicted of having sold as food the flesh of a pig suffering from trichinosis, has been condemned to fifteen years' hard labor, followed by ten years' police supervision.

The *Lyon Médical* states that there are 2,000,000 households in France in which there has been no child; 5,500,000 in which there was but one; 2,300,000, two children; 1,500,000, three; about 1,000,000, four; 250,000, five; 330,000, six; and 200,000, seven and upwards.

The city has provided for free beds in the following hospitals: City Hospital, 75; Maryland General Hospital, 45; Maryland University Hospital, 40; Baltimore University Hospital, 30; Hospital of Good Samaritans (Woman's College Hospital), 10; St. Joseph's Hospital, 10. Total, 210.

The Council of the American Neurological Association have decided that the Sixteenth Annual Meeting of the Association will be held at Philadelphia, Pa., on Wednesday, Thursday and Friday, June 4th, 5th and 6th, 1890. There will be two daily sessions, one at 10 30 A. M., the other at 3.30 P. M. Secretary's office, 58 West 45th street.

The New York *Sun* says that "The Medical Defense Union" has been formed in London, which, upon the annual payment of ten shillings by a doctor, guarantees to defend him against any charge made with a blackmailing or other improper purpose during the year. Branches of the organization are to be established throughout Great Britain.

During the year 1889 the total number of patients seen by the members of the Paris Night Medical Service was 8,544, as against 7,408 in 1888. Of this number 2,684 were men, 4,339 women, and 1,521 children. In the month of December, when the influenza epidemic was at its height, the number of patients seen was at its height, 1,250.

Members of the American Medical Association desiring to attend the Tenth International Medical Congress at Berlin, can secure a round trip ticket for $95 to $110 (first cabin), and a 32 days' journey of sight-seeing in Europe for $250 extra, by applying to Dr. Robert Newman, 68 West 36th Street, New York. who has spent much time and labor in endeavoring to secure good accommodations at reduced rates.

By the will of William J. Shields, of Philadelphia, an estate including $115,000 in personal property and $40,000 in real estate is disposed of. After distributing about $10,000 among several relatives, the testator leaves the residue of his estate to his widow during her life, and then directs that at her death the property shall be divided among the Presbyterian Hospital, the Germantown Hospital and Dispensary, and the Union Benevolent Association, of that city.

The Fourth Annual Commencement Exercises of the Western Pensylvania Medical College were held in the Grand Opera House, Pittsburgh, on March 27th. The degree of M. D., was conferred on 29 graduates, being about 25 per cent. of the class in attendance during the past term.

In the evening of the same day the Alumni Association of the college, now numbering 120 was entertained by the Faculty at a banquet provided at the Seventh Avenue Hotel.

According to the *Lancet*, by a law just voted in the Swiss Canton of Basle, every citizen having an income of less than 1200 fr.($250), is to be entitled to gratuitous medical attendance. The Canton is to pay the medical man and provide everything which he prescribes as necessary. We should call this pauperism, but in Switzerland, and in the fashionable language of the day, it is called "State Socialism." The poor in Switzerland are spending money very heavily in buying alcohol. A little more care in this respect would not only be for the good of the poor, but would bring many of them over the line of income at which they become entitled to have medical attendance for nothing.

Original Articles.

I. — THE NORMAL PUERPERAL STATE.*

BY WILLIAM S. GARDNER M. D.,

Lecturer on Obstetrics in the College of Physicians and Surgeons, Baltimore.

Gentlemen:

It is the purpose, in this course to discuss the puerperal period, and some of the more important diseases which affect women after confinement. I shall not refer you to any special text book on the subject, though you will be able to find most of the matter treated of in any of the standard works on obstetrics. The records at the Maternité will afford the basis of the course.

The puerperal period begins at the completion of the third stage of labor, and ends when involution is completed. The most important part of this period and the one of greatest interest to the physician and of gravest import to the patient, is included within the two weeks immediately succeeding labor. For it is within this period that the diseases peculiar to the puerperal state for the most part make their appearance, and it is within this period that flexions and displacements of the uterus, causing permanent sources of discomfort to the patient are most likely to occur.

It is essential that the physician should be thoroughly familiar with the various signs and symptoms of the normal puerperal state, that he may more wisely judge and more intelligently provide for any variations from the normal.

Immediately after labor the woman is in a condition very similar to one who has gone through a severe surgical operation. She has lost blood; she has a larger placental surface unprotected by epithelium; she has greater or lesser lacerations; she has had her intra-abdominal pressure rapidly and greatly reduced, which reduction of pressure affects directly her circulation and respiration; and in addition, she has undergone severe muscular exertion for several hours; and by the contraction of the uterus the large quantity of blood which supplied that organ and its contents is thrown back upon the general circulation.

Chill; Soon after the completion of the third stage of labor, or sometimes even before the expulsion of the placenta, the woman is usually taken with a tremor and complains of feeling chilly. This chill corresponds to the chill accompanying shock as a result of any injury and is of no special significance. A warm dry bed and due protection from over officious friends are all that is usually required to make the patient comfortable.

Sleep; As soon as the woman has been made clean, dry and warm, it is advisable to have the room darkened and made quiet to allow the woman to rest. She usually falls asleep, and if she does not do so promptly it is often well to give her a small dose of chloral hydrate. This sleep and rest is of great importance to the patient, and it is the duty of the physician to see that she gets it. Chloral is the preferable hypnotic in these cases when any is necessary; because it acts quickly, does not interfere with the contractions of the uterus, and leaves no unpleasant after effects. From this sleep, in a few hours, the woman awakens refreshed and cheerful and ready to have her child for the first time put to the breast.

Uterus; I have always made it a rule, after the labor is completed, to keep my hand or have an assistant keep his hand upon the fundus of the uterus, and if necessary gently knead it until there is no tendency of that organ to relax. In this way firm, continuous contraction is brought about, clots are prevented from accumulating in the uterus, and a condition favorable to normal involution induced The properly contracted uterus immediately after labor is firm to the touch, ovoidal in shape, lies usually rather to the right side, and varies in size from that of an orange to that of an infant's head.

During the period of pregnancy the uterus develops from an organ which is less than three inches long, less than two

* Saturday Lecture delivered at the College March 29, 1890.

inches broad at its widest part, and weighing about two ounces, to one twelve or fourteen inches long, by nine or ten broad and weighing from twenty-two to twenty-four ounces. One of the great tasks of nature during the puerperal period is to reduce this enormously enlarged uterus to its non-gravid size.

Involution of the uterus is mainly a process of fatty degeneration. As in all other places this process is here due to the diminished supply of oxygen. The uterine contractions diminish the blood supply to such an extent that the amount going to the walls of the uterus does not carry sufficient oxygen for the continual growth of the tissue. Heschel has shown that the whole of the hypertrophied muscular fibres are removed, and replaced by newly-formed ones; these new fibres begin to be developed about the fourth week after labor, and the change is completed by the end of the second month. The uterus diminishes rapidly in size after the second day and disappears below the pubes usually between the seventh and eleventh days of the puerperal periods.

It is not till about the end of the second month that involution is complete, but the uterus never quite returns to its virgin shape and size. Colin tells us that a few hours after delivery, the internal surface of the womb is covered with blood clots, which, upon being removed, discover a moist, red, soft layer lining the whole of the internal surface of the uterus except at the placental site. This layer varies in thickness from one-sixteenth to one-eighth of an inch in thickness, and can be scraped off with a scalpel. Below and easily distinguished from this layer is seen the muscular layer. About the ninth day epithelium begins to appear upon the surface and the organization of the new mucous membrane goes on rapidly, being completed about the end of the second month. The first portion of this new mucous membrane makes its appearance about the fourth month of pregnancy. The mucous membrane of the cervix is not thrown off at delivery. During pregnancy it is simply hypertrophied and during involution it returns to a condition similar to its original state.

Cervix; In nearly all cases the cervix is more or less lacerated during labor. In the majority of instances the lacerations are small, and give rise to very little disturbance; in others there are quite extensive, and usually bilateral tears. The internal os contracts promptly after labor, so that at the end of twelve hours some difficulty is experienced in attempting to pass two fingers through it. The external os remains more patulous and its lips somewhat everted. The involution of the vaginal portion is not complete until about the sixth week.

Vagina; The conclusion of labor finds the vagina smooth, distended and usually with some slight abrasions. Contraction and involution go on rapidly, the process being completed in three or four weeks; though as a rule some permanent enlargement remains.

After-Pains; After pains are nothing more than the painful efforts of the uterus to expel blood clots from its interior. They are much more common and give rise to much greater pain in multiparae than in primiparae. This difference is evidently due to the greater tendency of the uterus of the multipara to relaxation. The greater the number of children the woman has had the greater is the liability of their occurrence. To relieve the patient the first and most effectual thing is to empty the uterus. This removes the cause of the irritation and the contractions cease. A full dose of chloral will usually afford relief; occasionally it is necessary to give opium.

The nursing of the child causes uterine contractions, which are sometimes painful, but unless there be something in the uterus the pain is insignificant.

Lochia; At first the discharges from the interior of the uterus, or lochia are of a reddish color from the pressure of blood and are consequently known as *lochia rubra.* Under the microscope these discharges are seen to contain blood corpuscles, epithelium, mucus corpuscles and decidual debris, and sometimes blood clots and portions of membranes and placenta. After the fifth day the discharge becomes thin, the blood corpuscles become less abundant,

and there is an increase in pus cells and fat globules. During the second week the discharge becomes of a greenish cast, with either a neutral or acid reaction. Gradually it becomes transparent and diminishes in quantity. Sometimes on the patient's first rising there may be a temporary return of the red color, due to more or less hæmorrhage.

The quantity of the lochia varies much in different women. Those who have a profuse menstrual flow usually have an abundant lochial discharge. The amount is less in mothers who nurse their children. If the red color should remain longer than normal, the cause should be ascertained, and, if possible, removed. The woman should not be allowed to be about the house till the lochia rubra have subsided. The time at which the lochia ceases to flow is not definitely fixed. But as a rule there is little or no discharge after the third week.

Pulse and Temperature; During labor the pulse rises in normal cases to 90 or 100 per minute, sometimes even more than this. At the same time the temperature rises. The amount of increase depending upon the length of and muscular exertion during the labor, but immediately after the completion of labor, the temperature is usually found to be about 100° F. Very soon after labor, arterial tension is increased, and the pulse is decreased in frequency. This decrease in frequency brings the pulse down to what is considered normal for women, about 75, or in some cases even below that number. The temperature comes down more gradually and it is usually several hours before it reaches the normal.

The following table gives the average morning and evening pulse and temperature of fifty patients recently confined at the Maternité.

Day.	Morning.		Evening.	
	P.	F.	P.	F.
1st	71	98.75°	73.1	98.96°
2nd	70.7	98.26°	71.2	98.88°
3rd	74	98.48°	72.5	98.73°
4th	76.6	98.5°	71.8	98.66°
5th	76.4	97.51°	72	98.68°
6th	77.3	98.63°	72	98.67°
7th	75.3	98.63°	69.7	98.66°
8th	77.6	98.68°	75.2	98.66°
9th	79.7	98.65°		

All these cases are considered strictly normal. None were included in which the temperature after the first twelve hours after labor rose above 99.5°.

In reviewing this table it is seen that the lowest morning pulse (70.7) was on the second day; the highest (79.7), on the ninth day. The lowest evening pulse is found on the seventh day; the highest on the eighth day. Considering 75 per minute the normal number of pulse beats for women, it will be seen that the pulse in the normal puerperal state varies but little from the normal; that the evening pulse is almost invariably a few beats slower than the morning pulse of the same day.

It has been asserted that there is a marked decrease in frequency of the pulse of the puerperal woman, below that of the woman in health. In the light of the present figures we can not admit that, on an average, there is any very great difference between the frequency of the pulse during the healthy puerperal and non-puerperal conditions. It is admitted that there are exceptions, in which the slowness of the pulse is very noticeable. The following case is an instance.

Case No. 986 had a normal temperature throughout the time she was in bed. Her pulse ranged from 44 beats per minute to 60. The pulse was highest, 60, the morning of the seventh and ninth days, and was at at its lowest, 44, the evenings of the second, third, fifth, sixth and seventh days. But one case proves nothing. This patient may have had an unusually slow pulse even before her pregnancy. These cases are exceptions, not the rule. I am inclined to think that the idea that the pulse is very much slowed during the puerperal period is due largely to the fact that soon after labor the pulse does decrease in frequency very considerably; but it is a decrease from an accelerated condition to the neighborhood of the normal, and not a decrease from the normal below that point.

In reviewing the temperatures of this table it is seen that none of the morning temperatures after the first day was more than 00.15° above normal. The highest average temperature being that of the morning of the ninth day;

the lowest that of the morning of the second day. The highest temperature in the table is that for the evening of the first day; but since twenty-one of the fifty patients were confined less than ten hours before the observations were made, a time too short for the elevation of temperature from labor to subside, and at a time of the day when temperatures fall with the least readiness, it is obviously unfair to lay much stress upon it. But it goes to show what I have often observed, that a patient confined during the day is more apt to be found with a slightly elevated temperature in the evening, than is one confined in the night and the observation made in the morning. This difference is doubtless due to the normal fluctuation of temperature. Excluding, then, this temperature of the evening of the first day, the highest average temperature is found on the evening of the second day, when it is 00.38° above what is considered normal. After this the table shows that the evening temperatures never average as much as one-quarter of a degree above normal.

After the rise of temperature caused by the labor has passed off, there is, as a rule, a slight daily fluctuation; the evening temperature being usually slightly higher than the morning temperature. But in normal cases this fluctuation should not be greater than that of the usual temperature variations in health. When the elevation exceeds this limit, even for a short time, some exciting cause can almost invariably be discovered. The consideration of the causes of temporary elevation of temperature will be taken up further on in the course.

Skin; During the first five or six days of the puerperal period the secretion from the skin is greatly increased. While it is very difficult to form an accurate idea of the amount of fluid eliminated, Winckel states that it is certain that it may exceed 1,000 grams an hour. Increased activity of the skin may take the place of diminished secretion of the kidneys or breasts; and whenever there is an unusual condition of one secretion the other two should be considered at the same time.

Urine; Very often during the early part of the puerperal period the woman suffers from retention of urine. The two most common causes for this condition are, loss of contractility of the muscular walls of the uterus and mechanical obstruction from the swelling of the external genitals. I have also seen retention of the urine follow the use of ergot. This drug seems to act more powerfully upon the circular than upon the longitudinal fibres of the bladder. The treatment in these cases is to draw the urine with a catheter, and stop the ergot. The cases of loss of contractility of the bladder seem to improve somewhat more rapidly if nux vomica is administered. The trouble rarely lasts more than a few days, though a few women cannot pass their urine voluntarily until they are out of bed. In rare instances the paralysis of the bladder is permanent.

The fact that a woman passes urine is no evidence that she empties her bladder. And the careful physician will always ascertain, at each visit, by palpation, the state of the bladder. Numerous cases can be related where the patient and nurse declared that the urine was passed frequently, but upon examination a soft fluctuating tumor was found above the pubes, and on passing a catheter one or two quarts of urine were drawn off.

Every physician should be able to pass the catheter by touch alone. Many a young man's fortune has been marred or made by the state of his knowledge in regard to this simple thing.

Gassner was the first to show that during the puerperal period there is considerable diuresis. It has also been shown that along with this increased quantity of urine there is at first a decrease in the specific gravity. Winckel claims that he found it as low, on an average, as 1010.

The average specific gravities of the urine from the same fifty normal cases referred to above are as follows: before labor, 1021.5; the first day after labor, 1017.8; the eighth day after labor, 1024.3. These averages made from one hundred and fifty observations show that the specific gravity decreases slightly in the first day of the puerperal

period, but that by the eighth day it has risen considerably above what it was before labor.

When the urine is first passed it may be clear, but upon cooling it always becomes cloudy. This cloudiness is due principally to the presence of phosphates and urates. It is a rare thing to find albumen in the urine unless there be such a condition of the kidneys as will give rise either to dropsy or other symptoms.

Bowels: During labor if the bowels have not been emptied by an enema, the descent of the head forces the fecal accumulations from the rectum, so that at the beginning of the puerperal period the lower part of the large intestine is always empty. As a result of this and on account of the woman eating very little course food, for the first three days there is rarely a spontaneous movement of the bowels. The pressure that has been exerted upon the rectum by the descending head, sometimes causes a loss temporarily, of the muscular contractions of the rectum; on account of the related condition of the abdominal muscles the power of bearing down to assist in forcing out the feces is diminished. Then the woman's being confined quiety in bed after she has habituated herself to be about and on her feet has a tendency to cause constipation.

It is the habit of most obstetricians to administer a laxative on the third day to counteract the many influences that tend to cause constipation. I have myself not followed this rule very closely because I have found that generally the bowels will act spontaneously by the fourth or fifth days; If they do not, a laxative can be administered at that time. Small doses of calomel repeated, comp. licorice powder, or magnesia sulphate are all appropriate and efficient. Such drugs as are eliminated by the milk, should be avoided on account of their action on the child.

Breast: After delivery the breasts are found to be in about the same condition as they were before labor. They remain in the condition or with little change for about twenty-four hours, after which they become somewhat distended by an increased flow of blood to them, secretion in them increases, and in about forty-eight hours the milk flow is established. It is usually stated that the milk comes in on the third day, but this apparent error is due to counting the day of confinement as the first day. In ten cases confined at the Maternité from January 1st 1890, to January 12th 1890, the longest time after delivery till the establishment of the milk flow was sixty hours; the shortest was thirty-three hours; the ten averaging exactly forty-eight hours.

It has long been claimed that with this beginning milk flow, there is a considerable elevation of temperature. But our temperature tables fail to reveal any such elevation on the third and fourth days, the times when it should occur. If there is a rise of temperature at this time, a cause can usually be found somewhere outside the breasts.

As soon as the woman is rested from her labor the child should be put to the breast. This by reflex action causes uterine contraction and thus assists the involution of that organ, and decreases the probability of hæmorrhage. The amount of nourishment that the child gets at first is small, but it is all that it needs. By keeping the breasts emptied the pain and dangers of over-distension are avoided.

The physician should always insist on the mother nursing her child. Her failure to do so is not in accordance with nature's law; it protracts her convalesence, and takes from the child its most reliable source of health and life.

Nearly all women who feel that they are doing well, will ask in advance when they can get up. To this question I invariably reply that I do not know, that it will depend entirely upon their condition, If everything has progressed favorably, I think it safe for the woman to get up as soon as the uterus has undergone involution till it can no longer be felt above the pubes, and not till then. Some women are in as good a condition to get out of bed the seventh, as others are the twelfth day.

Though I seldom allow a woman to be up as early as the eighth day, I find

that it is much easier to keep them in bed beyond the traditional ninth day by telling them that it is not advisable for them to be up till the womb has retracted to a certain definite condition, than it is to fix a certain day for them to get up and then in many cases be obliged to postpone it. The continuance of the lochia rubra is always a contra-indication for leaving the bed.

For the first days after the woman is out of bed she should be advised not to retain the sitting position too long at a time but to lie down frequently.

A FEW WORDS ABOUT BATTERIES.

BY G. A. LIEBIG, JR., PH. D.,

Assistant in Electricity, Johns Hopkins University; Lecturer on Medical Electricity, College of Physicians and Surgeons, Baltimore, etc.

In the various applications of electricity to medical practice, it becomes a matter of importance to secure a battery which may *at all times* be depended upon to give a current of sufficient intensity to meet all requirements. There are, of course, other features which must be characteristic of a good battery, but no matter how perfectly details may be observed, and however well the battery may be constructed, if the operator cannot be sure that the battery will be in perfect working order, and yield the desired current as soon as the proper connections are made, then the battery cannot be other than a complete failure.

Every practitioner knows that to obtain a battery in which there is a certainty of action, is a matter of no small difficulty. He has been made aware, by experience probably, that acid batteries cannot be relied upon, and has, doubtless, made up his mind that, even if they could, the annoyance of cleaning the cells, and the trouble of continually adding new solution renders them more of a nuisance than an acquisition.

As far as I can learn, the medical profession requires a battery which will yield a maximum current of about three or four hundred milliampères, and which will maintain a current of this or any less value, with *constant intensity* as long as the cells last. Four hundred milliampères, I believe, fixes the limit of current intensity, as applied to medicine, leaving out of consideration, of course, cautery work. Though this is comparatively a rather large current, it is perfectly possible to construct a battery of a size so small as to render it easily portable, and yet capable of furnishing continuously a current of very much greater magnitude than even this.

It seems to be a general belief that unless a cell is large, it cannot furnish a large current; because it is generally supposed that the cell, under these circumstances, must have a great internal resistance. Such opinions are expressed apparently in the conviction that the internal resistance of a cell depends *only* upon the size of the plates. The fact that it is also related to the distance between the plates, and to the nature of the medium separating them is often completely lost sight of. These two points are, however, as carefully to be considered as the size of the plates themselves. In other words, we might make a cell with plates as small as we pleased, and have the internal resistance unchanged, provided we reduced correspondingly the distance between the plates.

I am led to call attention to these very evident facts for the reason that in a recent issue of the MARYLAND MEDICAL JOURNAL, Professor G. J. Preston took occasion to condemn the Barrett chloride of silver battery, because since the cells are quite small, he claimed that they had, in consequence, a high internal resistance. I have not seen the particular battery to which Dr. Preston referred, but I have examined a great quantity of these same cells within the last year, and have found them uniformly to have an internal resistance very much smaller than one would naturally expect them to have. The internal resistance of the regular medical cells is so low as to render them easily capable of giving a current at from two to three hundred

milliampères; and I have tested other cells, somewhat larger in size, and with a silver plate of modified form, which furnished a current of more than eleven hundred milliampères.

Currents so large as this are not required in the practical application of electricity to medicine, and I only mention the fact in disproof of the assertion that silver chloride cells have necessarily a large internal resistance.

When the cells are to be used through high external resistance, resistances of several thousand Ohms for instance, the internal resistance of the battery itself may be neglected; it may as well be eight or ten Ohms as a small fraction of an Ohm.

The value of any battery, whether used for medical work or for a scientific and experimental purposes, consists in its reliability. If we can be certain that its electromotive force will remain constant, that it will not polarize, and that it will furnish a current of about 250 milliampères, we have all that is needed, and my experience, both in the course of ordinary work and of actual testing, has led me to regard the Barrett silver chloride cell as a great advance over other elements with which I have to deal.

Society Reports.

NEW YORK ACADEMY OF MEDICINE. SECTION ON ORTHOPÆDIC SURGERY.

STATED MEETING HELD FEB. 21ST, 1889.

V. P. GIBNEY, M. D., CHAIRMAN.

Dr. Frank Hartley presented a case of

DOUBLE CONGENITAL TALIPES EQUINO-VARUS

The patient, a male, twenty years of age, and a cigar maker, was admitted to the Roosevelt Hospital on May 27th., 1889. This deformity, which has been present since birth, increased between the sixth and twelfth years, and although it has not caused much pain, he walked with a curious shuffle of the foot from side to side. He was very desirous of an operation. Examination showed that there was about two-thirds of the normal motion of the ankle joint, and that the neck of the astragalus was twisted so as to look directly inwards, and the os calcis was placed obliquely to the tibia. He had the peculiar pallor of the skin and mucous membranes commonly seen in cigar makers. Heart, lungs, and kidneys were normal.

On June 5th., a cuneiform osteotomy was performed over the greatest convexity of the left foot. The wedge of bone removed consisted of portions of the tibia and fibula, the whole of the astragalus, and enough of the cuboid, scaphoid and os calcis to allow of a reduction of the deformity. The foot was placed at once in proper position. Healing was normal and on July 25th., a similar osteotomy was done upon the other foot. The wedge removed consisted as in the other foot, of a portion of the tibia and fibula, the whole of the astragalus and scaphoid, and portions of the os calcis and cuboid. On August 24th., union in the left foot was good, and fairly good in the right foot. By the middle of October, he was allowed to walk about the wards, and on November 29th., he was discharged from the hospital, and has since been under observation in the Out Patient Department. The muscles are gaining rapidly in size and strength under daily applications of electricity. Crutches are only used for long walks, and judging from the progress so far, these can be discarded in a month or two, and possibly in four months, even the retentive apparatus which he now wears, can be removed. Dr. Hartley did not consider this deformity the result of an arrest of development, but of pressure effects within the uterus. He believed these cases of secondary congenital club-foot could usually be cured by mechanical measures, although the severest forms require, as in the present case, an operation.

Dr. John Ridlon presented a male patient, eighteen years of age, who came under observation last April for a deformity of both feet which had made walking difficult and painful for the previous two years. There was cavus and equinus, and on walking, varus of both feet. There were no reflexes on "point pressure. On April 4th, 1889, Dr. George S. Huntington divided the plantar tissues of the right foot by open incision, and having forced the foot inio proper position by Thomas's wrench, divided the tendo Achillis subcutaneously. On May 8th, a similar operation was done upon the left foot, and was followed by primary union. The patient is now able to walk well and without discomfort.

Dr. Ridlon also presented a boy of thirteen years, who first came under his observation on May 12th, 1889, having begun to limp about three months previous. The foot was found to be held rigid in the position of valgus by contraction of lhe extensor and peronenl muscles; but when the patient was etherized with the intention of dividing these tendons, the foot could be easily placed in a position of equino-varus. It was retained in this position by plaster of Paris for about two months. There was no pain following this manipulation and replacement of the foot; and when the plaster was removed, motion at the ankle and tarsal joints had disappeared. On October 4th, he was found to have relapsed into his former condition. The foot was placed in the best possible position, and has since then been retained in this position by plaster of Paris.

Dr. V. P. Gibney presented a lady twenty-five years of age, who had been referred to him in December, 1887. She walked on the outer borders of the feet, where large callosities served as a base of support. The soles of the feet looked backward and upward, and her gait was especially reel-like. There were extensive citatrices over the tendo Achillis, and it was quite impossible to correct the deformity by manual force.

On Dec. 26th, 1887, a cuneiform osteotomy after the method of Dr. Chas. T. Poore was performed; but after extensive section of the bones and free division of the deltoid ligament, and of a few resisting points of the plantar fascia, it was not possible to place the foot in proper position. A free lateral incision was then made, and muscles and tendons divided after the manner of Dr. Phelps. After some further difficulty, a good position was secured, and the foot was placed in a Thomas club-foot shoe, over which plaster of Paris was applied. The dressings were removed on the following day on account of free oozing, and by Dec. 30th it was found absolutely necessary to put her in charge of a trained nurse, and from time until Feb. 16th, she suffered from septicæmia. At the end of this period, the wounds were healing rapidly, and the foot was in excellent position. On Feb. 22nd, having secured her admission to the Hospital for Ruptured and Crippled, a similar cuneiform ostectomy was done upon the other foot, which was then brought into good position and dressed antiseptically, and covered witn a plaster of Paris bandage. Nearly all the wound healed by first intention, and recovery was uninterrupted, although retarded by the presence of corns and tender callosities. She gets on very well now, although the gait at present is very much modified by the condition of these corns.

DISCUSSION

Dr. H. W. Berg took exception to Dr. Hartley's statement that the deformity in his patient was probably caused by too little space in the uterus; he thought this theory had been pretty generally abandoned.

Dr. Hartley replied that he did not think this was the case, as in Bessel-Hagan's book on the Etiology and Pathogenesis of Club-Foot, considerable space was given to this very thing.

Dr. N. M. Shaffer had found that a certain number of cases of adult club-foot yielded to mechanical measures; while in many of those which were only only amenable to operative treatment, the patient's condition untreated was often as good as that obtained by operation. One great obstacle to the treat-

ment of these cases is the cicatrices from previous operations.

Dr. H. L. Taylor said that a new instrument just perfected by Dr. Bradford, of Boston, offered another alternative to methods already in use. By it the surgeon was able to obtain a very perfect grasp of the foot, and thus twist it into position.

Dr. Samuel Ketch remarked that Dr. Ridlon's second case showed decided reflex spasm and pain on rotation of the foot, and he considered the case of valgus, symptomatic of some bone lesion. The rapid relapse seemed to favor the view of the osteitic origin of the trouble.

Dr. Berg thought the bone lesion was probably at the point where the outer malleolus impinges upon the astragalus. There was certainly no muscular trouble present.

Dr. Shaffer felt sure there was some bone irritation present, and as it was more resistant to adduction than to the other movements, when the astragalus and scaphoid were crowded together, he thought the lesion was probably located at the articulation between the astragalus and scaphoid, but not involving the ankle joint itself. He had had a similar experience in regard to the sudden disappearance of the deformity after etherization; but he had not suspected a tubercular osteitis, because he had never seen such cases go on to suppuration. They are more like inflammatory flat foot, running a long course, and ultimately terminating not in anchylosis, but in recovery with pretty good function.

Dr. A. B. Judson was likewise of the opinion that the case was one of articular osteitis, and its duration would favor this view. The circulation of the limb being normal, eliminated the presence of a nervous lesion.

Dr. Ridlon, in closing the discussion on this case, said he could not conceive it possible that a tubercular osteitis could be subjected to such vigorous manipulation without being followed by some evil consequences. When the spasm has existed the patient has always complained, of pain on attempted motion, but he walks and jumps around like other boys. Is it possible that an osteitis can exist for a year, as this has done, under such treatment, without an aggravation of the disease?

Dr. W. R. Townsend presented for Dr. Gibney the left knee of a case of double hip joint disease, which had been removed post-mortem. The joint had been immobilized in a plaster of Paris splint for eighteen months. There was no disease at the knee when the first plaster had been applied, and the long confinement of the joint showed that no gross changes had occurred in the bones or cartilages. The synovial membrane was removed and found apparently healthy, and the joint contained a small amount of synovial fluid when first opened. The motions were limited to an arc of about fifteen degrees, and yet after the ligamentum patellæ was divided, extension and flexion could be made to the full limit. The lateral ligament did not seem contracted.

Dr. Berg said that the specimen only showed that the joint surfaces were normal, but it did not show that the soft parts had not been affected by prolonged immobilization. The specimen was of medico-legal interest, because it was sometimes claimed that real and permanent disability had resulted from such prolonged immobilization.

Da. Shaffer feared the results of prolonged immobilization, for, in an experience with seven cases of ununited fracture of the femur, it had resulted in effusion into the knee joint. He had employed in these cases an apparatus which made traction upon the thigh, but which was not applied below the knee.

Dr. Ridlon thought we should distinguish between the immobilization of cases of fracture adjacent to joints, and of healthy joints which were positively free from any injury, for the results in the two classes of cases were widely different. The traction apparatus employed by Dr. Shaffer might have produced constriction of the limb, and so led indirectly to effusion into the joint.

Dr. Judson said anchylosis was the

result of inflammation, and immobilization of an inflamed joint, or the arrest of function was a primary antiphlogistic.

Dr. Hartley said that in fractures in the lower part of the thigh, where there was a possibility of hæmorrhage into the joint, passive motion should be begun as soon as possible; but in fractures high up, with very little possibility of injury to the joint, longer immobilization was permissible. It is often very difficult to estimate the amount of injury to a joint at the time of a fracture or other severe injury.

Dr. Ridlon described an easy and inexpensive method of producing the flat-foot plate used by Dr. Whitman. The usual method is to have an iron foot made, on which the plates are hammered out.

Recalling the copper-plated plaster casts recently exhibited to the Section by Dr. A. M. Phelps, he had taken a plaster of Paris cast to Lovejoy of 45 Rose Street, who had coated it with a solution of silver, and then, by means of electro-deposition, had obtained a copper plate of the desired thickness, and at a cost of only $1.50.

The copper plate so prepared was exhibited.

TENTH INTERNATIONAL MEDICAL CONGRESS, TO BE HELD IN BERLIN, AUGUST 4TH TO 9TH.

The Committee of Organization of the Tenth International Congress, R. Virchow, President, E. von Bergmann, E. Leyden, W. Waldeyer, Vice-Presidents, O. Lassar, Secretary General, have appointed the undersigned members as an American Committee for the purpose of enlisting the sympathy and coöperation of the American profession.

We are assured that the medical men of our country will receive a hearty welcome in Berlin. The Congress promises to prove of inestimable value in its educational results, and in securing the ties of international professional brotherhood. It is most important that the American profession should participate both in its labors and its fruits.

Delegates of American Medical Societies and Institutions, and individual members of the profession, will be admitted on equal terms. The undersigned, therefore, beg to express that a large number of the distinguished men of our country will appreciate both the honor conferred by this cordial invitation and the opportunity afforded us to fitly represent American medicine.

The Congress will be held at Berlin, from the fourth to the ninth of August

The arrangements in regard to a few general meetings and the main scientific work, which is delegated to the sections, are the same as in former sessions. A medico-scientific exhibition, the programme of which has been published a few weeks ago, is to form an ingredient part. It is to the latter that the Berlin Committee is very anxious that both the scientific and the secular press should be requested to give the greatest possible publicity.

The office of the Secretary General is Karlstrasse 19, N. W., Berlin, Germany.

S. C. Busey, Washington, D. C., Wm. H. Draper, New York, R. H. Fitz, Boston, Mass., H. Hun, Albany, New York, A. Jacobi, New York, Wm. T. Lusk, New York, Wm. Osler, Baltimore, Md., Wm. Pepper, Philadelphia, Pa., J. Peyre Porcher, Charleston, S. C., J. Stewart, Montreal, Can.

DEATH AFTER THE INHALATION OF BROMIDE OF ETHYL.

A somewhat important case is now before the Berlin courts, in which a dentist is charged with having caused the death of a patient by means of an anæsthetic. The patient was a lady, and the dentist entrusted his pupil, whose age was under seventeen, with the administration of bromide of ethyl. Of this about an ounce was administered, together with four or five drops of chloroform. The patient is stated to have recovered completely from the effects of the anæsthetic, and to have felt quite well during the remainder of the day. The next day, however, she died, and a commission of medical experts has been directed to report upon the matter.—*Lancet.*

MARYLAND MEDICAL JOURNAL

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WILLIAM B. CANFIELD, A.M., M.D., Editor

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As the subscription of the Maryland Medical Journal to a large number of its subscribers begins at this time, bills will be mailed to those subscribers, who are respectfully requested as far as possible to remit promptly.

BALTIMORE, APRIL 12, 1890.

Editorial.

THE ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

As the time is dra ving near for the meeting of the State Society, the members should be prepared to make it one of the greatest in numbers and work.

To this end one important part of the meeting should receive attention and that is the discussion on papers. So often a member goes to the trouble of preparing a paper with the result either of having no criticism or remark made on it at all, or the, person attempting to discuss it, wanders from the subject in the endeavor to bring in one of his own cases. Members discussing papers should avoid all text book knowledge so easily accessible to all, and make remarks directly on the subject in as few words as possible, necessary to make clear what is intended.

Indeed it would be well if the proper committee or the members of each section could, appoint one person to open the discussion on each paper, as is so often done now, and then the ice once broken, other members would gladly follow. This would bring out a variety of opinions and if each speaker be strictly kept within the ten minute limit, the time would not be wasted by too lengthy discussions. It is this very diversity of opinion that adds spice and interest to a society meeting.

A BILL TO REGULATE THE PRACTISE OF MEDICINE IN MARYLAND,

Before these lines are printed the Medical Bill will either be vetoed or will become a law. That the latter will be the case is now doubtful although the bill passed the Senate without opposition and passed the House after a slight detention due to a misunderstanding, by a large majority. Not only this, but as it now stands, all physicians desirous of such a law, recognize this one as a great improvement on the old state of affairs and capable of working to the advantage of both the public and the profession.

There are some who claim that with such a law the regular physicians are compromising themselves by fraternizing with homœopathic physicians. As has been stated before, however we as individuals may like or dislike the other school, legally we must recognize them and this has been done by giving them a Board of their own. It being an open

secret, confirmed by recent quarrels in New York, that there are no homœopathic physicians, strictly speaking in New York City and much less here, it is easy to see how an applicant may pass before the homœopathic section of the Board and then proceed to practise as a regular physician; this, however, is unimportant. One point which is subject to criticism and which would not probably stand a test is in Section 45, giving the Board power to say what diseases are curable or incurable.

On the whole the bill is a good one and undoubtedly both sections of the Board would do their work conscientiously, if the Governor would see fit to sign it, but as it now stands he will probably not do that and this simply because the members of the faculties of some of the smaller schools, fearful that this law properly carried out may deprive them of their occupations and kill their schools have been short-sighted enough to influence a Governor who is not over strong in his own opinions, and prevent the signature of a bill agreeable, with few exceptions, to all interested physicians of the State.

Correspondence.

UNABATED ABUSES.

Editor Maryland Medical Journal:

Dear Sir:—Some time ago several letters regarding the free dispensing of medicine and medical attendance appeared in your Journal, as also regarding druggists putting up medicines without sanction of doctors' prescriptions. These letters called forth some answers, but the profession, while they bitterly complain to each other about these abuses, seem to be exceedingly careless of their most vital interests, or the question would have brought out more correspondence. In a few weeks our State Society meets in Baltimore, and still a few weeks and the general profession of America meets in Nashville, Tenn.

Are there not some men amongst us who, while they may be in position not to be injured by the practices complained of, by reason of their great prominence in the profession, and perhaps others who will take the matter up in our Society meeting and push it to an issue. The men who are the least injured by these practices are the old established physicians, and they are the ones who can do the most good in condemning the practices in public.

The less fortunate members of the profession and the younger ones not only look to them for example and information, but they look to them for protection. Let us have the whole matter ventilated in our State meeting and we are assured of success if we can have the assistance of such men.

A Subscriber.

TENTH INTERNATIONAL MEDICAL CONGRESS.

April 7th, 1890.

Editor Maryland Medical Journal:

Dear Sir:—In a letter dated Berlin, Karlstrasse, 19, March 22nd, Dr. Lassar, the Secretary-General of the Tenth International Congress, directs me to inform the Medical Profession of America that a programme of the Congress and other communications will be distributed two months before the meeting amongst *those who will have registered previously and received their tickets of membership.*

The latter can be obtained by sending application and five dollars to Dr. Bartels, Leipzigerstrasse, 75, Berlin, S. W. By so doing the members will save much crowding and time during the first days of the Congress.

For the American Committee of the Tenth International Medical Congress,

A. Jacobi, M. D.

Reviews, Books and Pamphlets.

Diseases of Women, and Abdominal Surgery. By Lawson Tait, F. R. C. S., Edin. and Eng., LL. D., M. D. (honoris causa), of the University of the City of New York, etc. Vol. I. Philadelphia: Lea Bros. & Co., 1889. Pp. viii–547. Price $3.

To the gynæcologist, Mr. Tait's second edition, after ten years or more of interval, cannot fail to be a very important guide and help. From such a busy man it was probably no small undertaking to get such a work, and it is only to be regretted that the second volume could not have appeared with this. As it now stands, however, it can be read as an independent book, even though the next volume should be delayed a year.

All through the work one point is noticed, and that is the firmness with which the author utters his opinions, amounting in some instances almost to dogmatism. Those who remember his first edition will be struck with his tenacity of opinion expressed at that time, and the number of conversions to the author's ideas. Much opposition was from his own countrymen, and it is the Americans who he claims have helped him by their support.

On page 56 he says he is "perfectly satisfied that no man can effect a felonious purpose on a woman in possession of her senses without her consent," and regrets the defective laws which, in cases of suspected rape, allow the evidence of often one medical witness, however incompetent, to convict.

The use of electrolysis in removing fibroids, or myomata, as he prefers to call them, is not recommended, and the subject is is disposed of in a few lines. His paper on Ectopic Pregnancy and Pelvic Hæmatocele, which has been noticed in these columns (Vol. XX, page 192), is included in the book. A very important section is on the theory of menstruation, in which the author states his own opinions very authoritatively, while he at the same time gives important place to other work. In fact in the whole book, the evidences of research are very apparent, and due credit is gived to those Americans who have contributed to gynæcology. Some of the plates are excellent. The index is in places incorrect, and the table of contents is too meagre. The next volume, containing ovariotomy, will be eagerly looked for by many readers. The book is in a very neat and convenient form, and up to the usual high standard of the publishers.

A Text-Book of Obstetrics, including the Pathology and Therapeutics of the Puerperal State. Designed for Practitioners and Students of Medicine. By F. Winckel, Professor of Gynæcology and Director of the Royal Hospital for Women, etc., Munich. Translated from the First German Edition, with Permission of the Author, under the Supervision of J. Clifton Edgar, A. M., M. D., Adjunct Professor of Obstetrics in the Medical Department of the University of the City of New York. One Hundred and Ninety Illustrations. Philadelphia: P. Blakiston, Son & Co., 1890. Pp. xxiii–17 to 927. Price $6.

To those who have not heretofore been able to use Winckel's Obstetrics in the original, this translation will give an opportunity of using a book of great value. For six years the author has gathered material for this enormous work and has used his own extensive experience at the obstetric institutes of Dresden and Munich. His observations cover twenty thousand cases, including a large number of operations. One great charm of the book is its historical allusions and references, which appear at the beginning of each chapter. Some chapters are a little too diffusely treated, but as a whole it is written in a very attractive style, and the translation has been well done, with close adherence to the original. The book is issued in a convenient form, and so bound as to remain open at any page.

Tobacco Amblyopia. By Leartus Connor, A. M., M. D. Detroit, Mich.: Re-

printed from *Journal of the American Medical Association,* Feb. 15, 1890.

Inflammation of the Vermifirm Appendix. By THOMAS G. MORTON, M. D. Philadelphia. Read before the College of Physicians of Philadelphia, January 1, 1890.

A Dermoid Cyst of the Left Ovary. Reprint from the *Buffalo Medical and Surgical Journal,* Dec. 1889.

Reminiscences of Field-Hospital Service with the Army of the Potomac. Reprint from *Buffalo Medical and Surgical Journal,* October and November, 1889. By W. W. POTTER, M. D., etc., Buffalo.

Prof. John Fiske will open *The Popular Science Monthly* for May with an account of the life of "Edward L. Youmans," including the story of his association with Herbert Spencer. Prof. Fiske was a warm friend of the late Prof. Youmans, and describes hss fruitful labors in popularizing science and the evolution philosophy in America with sympathetic appreciation.

Herbert Spencer has decided to publish the opening chapters of one of the uncompleted parts of his system of philosophy, dealing with morality. Three of these chapters, treating respectively of "Animal Ethics," "Sub-human Justice," and "Human Justice," will be printed in the May *Popular Science Monthly* under the general title "On Justice.

NONA.

A complication of the epidemic influenza in which the patient is unconscious or comatose for a period varying from several hours to a day or more, has been described as occurring in Italy. The news was telegraphed to the daily papers as a new disease, but on searching for genuine cases, they could not be found.

Dr. D. S. C. Ireland was appointed by the Governor on the liquor license committee.

Hospital Reports.

PRESBYTERIAN EYE, EAR, AND THROAT CHARITY HOSPITAL. REPORT FOR MONTH OF MARCH.

BY JULIAN J. CHISHOLM M. D.,

Surgeon-in-Chief of the Hospital Staff.

New cases entered the hospital during month of March	878
Making entries of new cases since January 1st 1890	2.773
The numbers applying daily for treatment aggregate for March	3.391
An average for each day of the month	125
The number of operations for month of March	142
Of these there were cataracts extracted	14
Cataract capsular needled	3
Glaucoma iridectomy	2
Enucleation of the eye-ball	5
Optico-ciliary neurotomy	1
Tumors tarsal removed	12
Tumors, Warts removed from lid	1
Tumors sebaceous removed from lid	2
Pterygium removed from eye-ball	5
Abscesses of lid opened	3
Lachrymal abscesses opened	3
Mucocele opened	2
Tear drop	3
Wound of lid	1
Nævus of lid	1
Canthoplasty	2
Canthotomy	1
Entropion	1
Internal squint	5
External squint	1
Foreign bodies removed from cornea	34
Enlarged tonsils removed	5
Elongated uvula amputated	2
Foreign bodies removed from ear	2
Impacted ceruminous plug removed	27
Mastoid abscess opened	1

Abscess of external ear opened . . 1
Abscess of middle ear opened . 1
Tumor of ear removed . . 1

On the 24th, of March, 247 patients were treated at the hospital ; this is the heaviest day's work since the hospital opening.

Miscellany.

INTERNATIONAL MEDICAL CONGRESS, 1890.

The following arrangements have been already made for some of the sectional proceedings at the forthcoming International Medical Congress. Discussions will take place on the following subjects .

Section of Obstetrics and Gynæcology.— 1. Antisepsis in Midwifery ; to be opened by Dr. Galabin, of London, Dr. Stadfelt, of Copenhagen, Dr. Slavijanski, of St. Petersburg, and Dr. Fritsch, of Breslau. 2. Induction of Premature Labor, its Indications and Methods ; to be opened by Dr. Parvin, of Philadelphie, Dr. Calderini, of Parma. Dr. Macan, of Dublin, and Dr. Dohrn, of Königsberg. 3. Vaginal Total Extirpation; to be opened by Dr. Williams, of London, Dr. Pozzi, of Paris, Dr. Schautz, of Prague, and Dr. Olshausen, of Berlin. 4. Electrolysis of Myomata ; to be opened by Dr. Apostoli, of Paris, Dr. Keith, of London, Dr. Cutter, of New York, and Dr. Zweifel, of Leipzic.

Section of Neurology and Psychiatry.— 1. Surgery of the Central Nervous System ; to be opened by Professor Horsley, of London. 2. Traumatic Neuroses ; to be opened by Professor Schultze, of Bonn. 3. The Pathological Anatomy of Dementia Paralytica ; to be opened by Professor Mendel, of Berlin.

Section of Hygiene.—1. What regulations are needed to prevent the Spread of Diphtheria ; by Dr. Roux, of Paris, and Dr Löffler, of Greifswald. 2. Prostitution, its Regulation, &c. ; by Dr. Thiry, of Brussels, and Professor Kaposi, of Vienna. 3. Hygiene of Institutions where large numbers are congregated ; by Dr. Max-Gruber, of Vienna, Dr. Erismann, of Moscow, and Dr. Baer, of Berlin. 4. The Tuberculosis Question ; by Dr. Sormani, of Pavia, and Dr. Cornet, of Berlin. On the prevalence of Typhoid Fever ; by Dr. Walcot, of Boston, Dr. von Fodor, of Buda-Pesth, and Dr. Almquist, of Gothenburg. 6. On the Support of Communities in time of War and Epidemics ; by Dr. Forster, of Amsterdam. 7. Are Burial-grounds inimical to Health ? by Dr. Hofmann, of Leipzic, and Dr. Petri, of Berlin. 8. On Infantile Mortality and Infant Feeding; by Dr. Flügge, of Breslau. Papers are also promised on the following subjects : Etiology and Prevention of Tetanus, by Dr. Sormani ; Hygiene of Traveling and Railways, by Dr. Czatary ; the Significance of Venereal Disease in the Medical Control of Prostitution, by Dr. Neisser.

VAGINAL INJECTIONS OF CORROSIVE SUBLIMATE AND NAPHTHOL.

Dr. Rafael Weiss, writing in *El Progreso Medico*, a Cuban medical journal, mentions a form of poisoning by perchloride of mercury when frequently used, even in very weak solutions (1 to 5000 or 6000), after severe post-partum hæmorrhage, which requires the complete cessation of the mercurial salt. It is characterized by diarrhœa, causing exceedingly fetid stools every few minutes, with severe colic and tenesmus, but without any stomatitis or albuminuria. According to the same writer, naphthol solutions when used as injections in obstetric practice not infrequently give rise to very severe smarting and burning pains, lasting for half an hour or so ; and this unpleasant property has caused many practitioners to abandon the use of this substance for vaginal injections altogether. The inconvenience may, however, be entirely obviated by introducing iodoform in powder so as to cover the vaginal mucous membrane, and especially any lacerations that may exist, immediately after the naphthol injection.— *Lancet.*

THE PARALYSIS OF CHILDREN.

It may not be uninteresting to compare notes of different observers as to the proportion of cerebral to spinal paralyses, and as to the ages when they occur, especially after the discussion in the Diseases of Children Section at Leeds last year. Dr. Osler says that in the Infirmary for Nervous Diseases, Philadelphia, there have been in the same length of time 500 cases of spinal to about 120 of cerebral origin. As to the ages of onset, out of 24 cases of Dr. Hillier's of acute anterior poliomyelitis, 8 were in the first year, 9 in the second, and 7 between the second and sixth. Dr. Gowers said that of cases occurring under the ages of 10, three-fifths are in the first two years and four-fifths in the first three. To contrast this with cerebral paralysis, out of 151 cases of Dr. Osler's, 45 were in their first year, 22 in their second, and 14 in their third. Out of Dr. Gower's 80 cases, 23 occurred in the first year, 23 also in the second, while three-fourths were attacked in the first three years of life.—*British Medical Journal.*

THE EFFECT OF SACCHARIN ON THE ASSIMILATION OF FAT.

Dr. Vinokuroff of St. Petersburg has been engaged in testing the question whether saccharin has any injurious effect on the assimilation of fat in the healthy body. For this purpose he enlisted the services of seven students and other healthy persons, and, after examining quantitatively their diet and feces so as to determine the normal capacity for assimilating fat in each case, he administered saccharin—a drachm per diem—to some, and double that quantity to others. To some also sugar to the amount of about two ounces per diem was allowed; while others were kept without sugar. The diet and feces were examined as before, and the analyses were continued for some days after the saccharin had been stopped. The results showed that no very marked effect had been produced by the saccharin upon the percentage of fat assimilated. It certainly did not diminish it; indeed, taking the mean of all the observations, there was a slight increase in the fat assimilated both during and after the taking of the saccharin.—*Lancet.*

THE INFLUENCE OF GASTRIC JUICE ON PATHOGENIC GERMS.

Drs. Kurlow and Wagner, in a paper on the Influence of Gastric Juice on Pathogenic Germs, which they publish in the *Vrach*, describe some interesting experiments which they have mad eon this subject, from which they are led to the conclusion that the constant or specific microbes do not exist in the stomach, and those which enter it, together with sputum, food or other ingesta, are only accidental and temporary residents, and cannot live in the normally acid contents of the stomach. Gastric juice is, according to the authors' experiments, an exceedingly strong germicidal agent, and when living bacilli get into the intestinal canal, it is due to various conditions entirely independent of the gastric juice. When the latter is normal and in full activity, only the most prolific microbes, such as tubercle bacilli, the bacilli of anthrax, and perhaps the staphylococci, escape its destructive action; all others are destroyed in less than half an hour. Similar influences exist in the intestines, as proved by inoculations with the cholera bacilli. On the latter subject the authors intend making further experiments.—*Lancet.*

GLYCOGEN IN THE CEREBRAL CORTEX IN DIABETES.

Dr. Fütterer has examined various organs of a diabetic person, finding glycogen in the medulla oblongata, spinal cord, and kidney in large quantities, and a little in the liver. A careful examination of the cerebral cortex showed that the vessels were full of glycogen. He concluded that extensive disturbances of nutrition were bound to result from this, but he is not sure if the occasional absence of the peripheral layers of the cortical nerve fibres is a direct conse-

quence of these disturbances. A large number of hyaline corpuscles was also found in the cerebral cortex and in some parts of the medullary substance of the brain. In places, where these corpuscles were collected in considerable numbers, there was marked atrophy of the nervous elements.—*Lancet*.

"MIND BLINDNESS."

Two additional cases in which this curious symptom was observed have recently been recorded in the *Archiv f. Psych.*, vol. xxi. In the first, recorded by Lissauer, a man of eighty had complained for a month of inability to find his way about, to tell his own position in a room, and to recognize objects, although his perception of light was scarcely impaired. Although he could not recognize objects by looking at them, he at once perceived and named them by means of tactile or auditory impressions from them. On examination he was found to have absolute right homonymous hemianopia. He had some aphasia, and could not read, but he could write. Perception and discrimination of colors in this case were preserved. In the second case, recorded by Siermerling, the onset was sudden. At first visual memory was impaired; but he soon failed to recognize objects, even when he touched, tasted, or heard them. On examination he was found to have absolute right homonymous hemianopia, together with amblyopia in the left field in each eye. Color sense was lost on both sides. There was also amnesic aphasia. In this case very great improvement occurred, the amblyopia on the left side improved, and color vision returned. In neither case was there any change in the fundus. The association of "mind blindness" with hemianopia, and occasionally with loss of color sense, has also been observed by Wilbrand, Charcot, Swanzy, and others. It is, however, very rare, while hemianopia is not uncommon; and Siemerling's case, where there was amblyopia in the left field, with complete loss of vision in the right, gives support to the hypothesis of Dr. Gowers that it occurs only when the cortical lesion is double.—*Lancet*

MEETINGS OF STATE MEDICAL SOCIETIES IN 1890.

The following is a list of State Medical Society meetings in 1890.

Alabama, Birmingham, April 8, T. A. Means, Secretary, Montgomery.

Arkansas, Little Rock, May 14, L. P. Gibson, Secretary, Little Rock.

California, Los Angeles, April 15, W. W. Kerr, Secretary, San Francisco.

Colorado, Denver, June 17, H. W. McLauthlin, Secretary, Denver.

Connecticut, New Haven, May 28, N. E. Wordin, Secretary, Bridgeport.

Dakota, Sioux Falls, June 12, R. C. Warne, Secretary, Mitchell.

Delaware, Wilmington, June 10, J. A. Ellegood, Secretary, Laurel.

Florida, Ocala, April 8, J. D. Fernandez, Secretary *pro tem.*, Jacksonville.

Georgia, Brunswick, April 16, King P. Moore, Secretary, Macon.

Illinois, Chicago, May 6, D. W. Graham, Secretary, Chicago.

Indiana, Indianapolis, May 14, E. S. Elder, Secretary, Indianapolis.

Iowa, Des Moines, April 16, C. F. Darnell, Secretary, West Union.

Kansas, Salina, May 13, J. E. Minney, Secretary, Topeka.

Kentukey, Henderson, May 14, Steele Bailey, Secretary, Stanford.

Louisiana, Baton Rogue, May 13, P. B. McCutchon, Secretary, New Orleans.

Maine, Portland, June 10, C. D. Smith, Secretary, Portland.

Maryland, Baltimore, April 22, G. A. Taneyhill, Secretary, Baltimore.

Massachusetts, Boston, June 10, F. W. Goss, Secretary, Boston.

Michigan, Grand Rapids, May 20, Geo. Duffield, Secretary, Detroit.

Minnesota, St. Paul, June 19, C. B. Witherle, Secretary, St. Paul.

Mississippi, Jackson, April 21, W. E. Todd, Secretary, Jackson.

Missouri, Excelsior Springs, May 6, J. C. Mulhall, Secretary, St. Louis.

Nebraska, Beatrice, May 13, M. L. Hildreth, Secretary, Lyons.

New Hampshire, Concord, June 16, G. P. Conn, Secretary, Concord.

New Jersey, Schooley's Mountain, June 10, W. Pierson, Secretary, Orange.

New York, New York, October 22, E. D. Fergusion. Secretary, Troy.

North Carolina, Oxford, May, 27, J. M. Hays, Secretary, Oxford.

Ohio, Columbus, June 3, G. A. Collamore, Secretary, Toledo.

Pennsylvania, Pittsburgh, June 10, W. B. Atkinson, Secretary, Philadelphia.

Rhode Island, Providence, June 12, W. R. White, Secretary, Providence.

South Carolina, Laurens, April W. P. Porcher, Secretary, Charleston.

Tennessee, Memphis, April 8, D. E. Nelson, Secretary, Chattanooga.

Texas, Fort Worth, April 22, F. E. Daniel, Secretary, Austin.

Vermont, Rutland, June 26, Montpelier, October 9, D. C. Hawley, Secretary, Burlington.

Virginia, Rockbridge Alum Springs, August or September, L. B. Edwards, Secretary, Richmond.

Washington, Spokane Falls, May 14, C. L. Flannigan, Secretary, Olympia.

West Virginia, Wheeling, J. L. Fullerton, Secretary, Charlestown.

Wisconsin, Milwaukee, June 4, J. R. McDill, Secretay, Milwaukee.

—*Medical and Surgical Reporter.*

THE STORY OF SACCHARIN.

Some nine years ago, Prof. Ira Remsen, of the Johns Hopkins University, was engaged in the manufacture of the higher derivatives of the carbon compounds. His plan was to make all the substitution products, and ascertain a few of their physical and chemical properties. Among his students was Dr. C. Fahlberg. It happened that one of these products which he worked upon was found, by chance, to be intensely sweet, so that it was called saccharin. It was found to be from to two to three hundred times sweeter than cane sugar.

Fahlberg shortly after went to Germany and undertook the commercial manufacture of this substance. It at once found extensive use as a medicine, as an adulterant, and a substitute for sugar. It dissolves readily in boiling water. One of its derivatives has been found to be intensely bitter on the front part of the tongue, neutral in the middle, and exceedingly bitter on the posterior portion near the soft palate.

It has been commended to diabetics as a substitute for sugar. It has strong supporters, and as strong or stronger opponents. Thus, Pflüger has shown that it prevents the action of the ptyalin ferment of the saliva; that it disturbs the gastric digestion, so that egg albumen is dissolved in its presence only after four days; and that it has a deleterious influence on pancreatic and intestinal digestion. From this data he affirms that it is not a fit substitute for sugar, and must be especially injurious to diabetic patients, in whom so much depends upon good and healthy digestion.

Others differ from these views, and yet all admit that it interferes with many necessary fermentative and putrefactive processes going on in the human body.

Many countries, as Belgium, France, Spain, etc., have legislated against the use of this substance, because of its harmful properties. Doubtless it is destined to make considerable stir in the world before it is relegated to its proper place.—*American Lancet.*

APHRODISIAC EFFECTS FROM COCAINE.

Dr. C. W. Richardson, Philadelphia, reports a case of a married lady, modest and reserved, from whom he proposed to remove a growth under cocaine anæsthesia. A few minims of a ten-per-cent. solution were injected. This was followed by erotic excitement, with both facial and verbal expressions that left no doubt in the mind of the medical attendant and of the impulses which actuated them. It required some time to bring her to even a moderate degree of quietness. An attempt to perform the operation the following day, using the cocaine very sparingly, led to a similar, though not so extreme, condition. No other unpleasant symptoms occurred on either occasion. Surgeons are warned of the

development of these symptoms, not only by this case, bnt by the published observations of Sandrè, of Vienna, Cunningham, of England, and others. Particular attention is called to the medico-legal aspect of the subject. A female friend of the patient should be present whenever it is proposed to operate upon a woman under cocaine anæsthesia.—*Journal American Medical Association.*

Medical Items.

An excellent likeness of Dr. B. M. Hopkinson, of this city, appears in a recent number of the *Musical Courier.*

Dr. Thomas S Latimer has been elected physician to the jail, vice Dr. W. W. White, resigned.

The death of M. Ulysses Trélat, Professor of Clinical Surgery in the Paris Medical Faculty, is announced.

The City Council is considering an ordinance to establish three free baths on the water front. The project is an excellent one, even if a little tardy.

Professor Exner will be appointed by the Austrian Government to the chair of Physiology, at Vienna, to succeed Professor Brücke.

Dr. A. Friedenwald will deliver the president's address before the Medical and Chirurgical Faculty. His subject is "The Modern Hospital."

Dr. H. A. Hare has been appointed Clinical Professor of Diseases of Children, at the University of Pennsylvania; and Dr. C. Goodell, Instructor in Gynecology.

Professor Guyon has been transferred from the chair of External Pathology at the Faculty of Medicine of Paris to that of Clinical Professor of Diseases of the Urinary Organs.

Dr. R. L. Randolph, Assistant Ophthalmic and Aural Surgeon to the Johns Hopkins Hospital and Dispensary, has been appointed Ophthalmic and Aural Surgeon to the Baltimore and Ohio Railroad.

The subject of Dr. Eugene F. Cordell's address to be delivered at the annual meeting of the Alumni Association of the University of Maryland on Wednesday, April 16th, at 8 P. M., is "The Future of the University."

The use of the microscope in legal cases is well exemplified in the Leconey trial, where a question of veracity has been decided by finding water fungi upon clothing, which, it was stated, had received no moisture except rain-water.

A number of the more recent graduates and younger members of the profession, frightened by the impending law, have hastened to register at the City Hall. Unfortunately for the public, and fortunately for some practitioners, the law if signed will not be retro-active.

W. D. Halliburton, M. D., B.Sc., M. R. C. P., late Assistant Professor of Physiology, University College, London, has been appointed Professor of Physiology in King's College, in the vacancy created by the resignation of Dr. Gerald Yeo.

Commencing Tuesday, April 8th, at 8 P. M., and each Tuesday thereafter, Dr. John S. Billings, Surgeon U. S. Army and Director of the Hygienic Laboratory of the Johns Hopkins Hospital, will give a course of three informal lectures in the Reading Room of the Hospital on "Sewage Disposal." All persons interested in sanitary matters are invited to attend.

The new hospital for children which is now in course of construction in the North of Berlin, will be opened on June 1st. Professor Virchow has been the moving spirit in its establishment, and Dr. A. Baginsky is to be the medical director. It is built on the pavilion system, and will have a "Poliklinik," or out-patient department, attached to it.

The physicians of Vienna having complained that patients make use of old prescriptions to obtain medicines, the Minister of the Interior has ordered that the physician who does not desire his prescription

to be repeated may write upon it the words "*ne repetatur*," in which case the druggist will have no right to re-fill it.

An exhibition of the hygiene of trades and occupations, and of apparatus and other means for the prevention of accidents, will be opened at Amsterdam on June 16th. The exhibition will be divided into eighteen sections, and is intended to include the whole field of industrial activity. It is probable that a congress of industrial hygiene will be held at the same time.

The "Sanitarian Hospital" of Brooklyn s under a cloud. Its proprietor has been indicted by the grand jury for larceny on account of obtaining charitable funds from the public treasury without furnishing a hospital service. The indicted physician is said to be an eclectic, and extracts from his so-called minutes show that he is without education, few words being correctly spelled.

The forty-first annual session of the American Medical Association will be held in Nashville, Tenn., on Tuesday, Wednesday, Thursday and Friday, May 20, 21, 22 and 23, commencing on Tuesday at 11 A. M. The addresses will be given on "General Medicine," by Dr. N. S. Davis, Chicago, Ill.; "General Surgery," by Dr. Alfred L. Carroll, New York, N. Y.

The teaching of medical jurisprudence is in nearly all German universities left in the hands of Extraordinary Professors and *Privat-docenten*. A proposal recently brought forward to establish regular chairs of forensic medicine has just been negatived on the ground that the subject is not of sufficient importance.

Miss Flinn and Miss Parsons, of the University of Maryland Training School for Nurses, gave a very pleasant tea in the parlors of the University Hospital, last Thursday afternoon. Among those present were several members of the faculty, hospital, dispensary staff, internes hospital students, the trained nurses and probationers of the University, the nurses from the Johns Hopkins Hospital, and some of the Hopkins staff.

The convention for the revision of the United States Pharmacopœia will be held in the city of Washington, May 7, at noon. The following are the delegates from Baltimore:

Baltimore Medical Colleges.—M. W. Foster, M. D., R. H. Ellis, M. D., J. D. Blake, M. D.

Medical and Chirurgical Faculty.—E. F. Cordell, I. E. Atkinson, T. B. Brune.

Maryland College of Pharmacy, of Baltimore, Md.—L. Dohme, W. S. Thompson, N. H. Jennings. *Alternates.*—C. Caspari, Jr., D. M. R. Culbreth, C. Schmidt.

By direction of the Secretary of War, a board of Medical officers, to consist of Colonel Edward P. Vollum, Surgeon., Major George M. Sternberg, Surgeon., Major Henry McElderry, Surgeon., Captain John Cochran, Assistant Surgeon., is constituted to meet in New York City on the 28th day of April, 1890, or as soon thereafter as practicable, for the examination of Assistant Surgeons for promotion and of candidates for admission into the Medical Corps of the Army. The board will be governed in its proceedings by such instructions as it may receive from the Surgeon General.

The London *Lancet* gives the following news:

Berlin.—Professor Grashey of Munich has accepted the invitation to the chair of Mental Pathology in succession to the late Professor Westphal.

Basle.—Female students are to be admitted to medical study only when they are of Swiss nationality, or when they have been educated in Switzerland.

Gratz.—Dr. Escherich of Munich has been appointed Extraordinary Professor of Children's Diseases.

Halle.—It seems that the announcement of the appointment of Professor Mikulicz was, like several previous announcements in connexion with the chair of Surgery, a mistake. It is now stated that Professor Bramann of Berlin has been appointed.

Heidelberg.—Professor Vierordt of Jena has accepted an invitation to a professorship. Professor Leber of Göttingen has been appointed to succeed Professor Becker.

Helsingfors.—Dr. Heinricius has been appointed Professor of Midwifery, and Drs. Clopatt and Sucksdorff recognized as *privat-docenten* in Children's Diseases and Hygiene respectively.

Original Articles.

II.—DISEASES OF THE PUERPERAL PERIOD. PROPHYLAXIS. GENERAL ETIOLOGY.*

BY WILLIAM S. GARDNER, M. D.,

Lecturer on Obstetrics in the College of Physicians and Surgeons, Baltimore.

Prophylaxis:—Prophylaxis in obstetrics, as in surgery, means the nearest possible approach to ideal cleanliness of the patient, attendants, all instruments and all clothing. I will not occupy your time discussing various methods of obtaining these conditions, but give you in as short a space as possible some idea of what ought to be done, based upon the method carried out at the Maternité. In private practice some of the details will be beyond your control, but the principle can in the main be carried out.

It is essential that the patient be clean; not clean in the ordinary sense of the word, because it must be taken for granted that all your patients are that, but surgically clean. After labor begins, where it is practicable a full bath should be given, or at least a thorough sponge bath, with a liberal supply of soap, should be used. This, at the discretion of the attending physician, may or may not be followed by a rinse of a solution of corrosive sublimate 1-2000. I consider the thorough washing of the external genitals and surrounding parts as absolutely essential to the greatest safety of the patient. The use of the corrosive sublimate solution, while desirable, can much better be dispensed with than can the use of the soap and water.

The patient should be given a vaginal injection of a 1-5000 sublimate solution, and an enema of soap and water.

The vaginal injection goes far toward insuring a clean passage way for the child through a channel whose hygiene is not always the best. It clears away any retention which might give rise to trouble if brought into contact with an abraded surface, or introduced into the puerperal uterus. It reduces the risk of ophthalmia neonatorum.

The enema facilitates labor by promptly removing any fecal accumulations from the rectum, and in this way prevents the descending head from forcing feces, which are not aseptic, into the confinement bed.

All the clothing on the woman should be exchanged for other pieces, fresh from the iron.

No physician who is attending a septic case of any kind, either puerperal or non-puerperal, should attend a case of labor. This rule should be absolute. Abundant proofs of its necessity will be given under the contagiousness of septicæmia. Before making a vaginal examination, the physician should carefully cleanse his nails, hands and arms with soap and water and a solution of corrosive sublimate. This washing of hands should be done with the most scrupulous care; for the examining finger of the physician is one of the puerperal woman's chief dangers. If this precaution be neglected and the woman die, the family of the victim may never know the true cause of death; but the physician will surely receive the well merited censure of the profession.

Carbolized cotton seed oil, olive oil, cosmoline, vaseline, or plain soap may be used to lubricate the fingers.

The number of vaginal examinations should be as few as will keep the physician informed as to the progress of the labor. This can be followed in private practice, but at the Maternité, where practical obstetrics is annually taught to a large class, the number of vaginal examinations is necessarily much increased.

The nurse should wear a dress of some light-colored material that will wash, and should be as scrupulous about her personal precautions as the physician.

The bed for the confinement should be made up at the time. Everything about the bed should be fresh and clean. A rubber blanket or other water-proof material may be used to protect the mattress.

*Saturday Lecture at the College, April 5, 1890.

In case forceps or other instruments are necessary, they should be carefully washed, disinfected and warmed before they are used.

The labor is not completed until the genital tract is thoroughly emptied. It is safer to remove bits of placenta and shreds of membrane from the uterus with the hand than to allow them to remain, and take the risk of their causing hæmorrhage or after-pains, or of decomposing. There is no more danger in introducing a clean hand into the uterus than there is in putting the clean fingers into any clean wound.

As a prevention of hæmorrhage, the accumulation of clots in the uterus and the consequent after-pains, the hand should be kept over the fundus of the uterus until it is permanently and firmly contracted.

Except after operative cases, it is not advisable to wash out the vagina and uterus at the completion of labor. In all cases the external genitals should be washed at once and the vulva freely dusted with a mixture of boracic acid and iodoform, or other antiseptic powder. The bed should be made dry, and all linen about the bed and patient stained with blood should be removed, and some aseptic dressing, such as jute, placed over the vulva to absorb the discharges.

The placenta and blood should be at once removed from the room.

During the puerperal period when there are no special indications, neither the vagina nor the uterus should be washed out. All injuries to the perineum other than very slight tears should be repaired at once.

The lying-in chamber should be well warmed, well lighted and thoroughly ventilated.

General Etiology:—It will save time and repetition to enumerate and discuss some of the general causes of disease during the puerperal period under one head.

There are a number of conditions that predispose to hæmorrhage after delivery. Among these are over-distension from multiple pregnancies, or hydrops-amnion; impairment of contractility by wasting diseases; rapid emptying of the uterus; and the condition expressed when we say that "she is a bleeder"—not meaning that the woman has true hæmophilia, but that she has a history of having had post-partum hæmorrhage on other occasions. Multiparae are more likely to suffer from post-partum hæmorrhage than primiparae.

The loss of much blood at the time of labor is often spoken of as being a prolific cause of other diseases during the puerperal period. I think its influence has been much over-estimated. What experience I have had and the Maternité records do not show that women who have had some post-partum hæmorrhage are more frequently attacked by febrile disturbances than those who have had no hæmorrhage. I can recall but one patient among the many who have been confined at the Maternité in the last three years, who had a considerable post-partum hæmorrhage and subsequently had any serious illness; and in this case, which was one of sapræmia, the hæmorrhage could in no way be looked upon as the cause. But it is self-evident that when an infectious disease is engrafted upon a constitution already weakened by post-partum hæmorrhage, that the patient has that much less power of resistance, and that the disease will on that account in all probability be the more serious.

Much has been made of the mental condition of the patient as a factor in the causation of disease. It has been repeatedly affirmed that girls who had been seduced were especially apt to have some form of puerperal trouble; that the depressing effect of grief and shame made them more vulnerable. I have no doubt that in so far as these emotions interfere with nutrition, that they do exert an injurious influence. But the sorrows of the illegally pregnant woman have been wonderfully magnified. As a rule she is contented with her lot; more often positively happy than depressed. An instinct within her that tells her she is following nature's, if not man's laws, seems to bear her up and allow her to look placidly upon a frowning world.

But in the rare cases where this depressed mental condition is present, its

effects have been over-estimated. In the hospital wards I have seen repeatedly those who had no other cause for shame that that of being poor, do badly after labor. And I have seen those who had every cause for shame, who considered themselves forever disgraced, who declared that they did not wish to get well, that their prospect for life was not worth the living, recover promptly.

It should be borne in mind that among the earliest symptoms of some of the puerperal diseases are despondency and other abnormal mental conditions; and that very often these mental disturbances disappear promptly when the material cause is removed.

I do not wish to be understood as totally disbelieving in the influence of the mental condition on disease, but I do wish to emphasize the fact that in the vast majority of cases the influence is the reverse—a diseased body causing the abnormal mental state. Striking examples of the effect of the bodily condition upon the mind can be seen in many diseases. Take, for instance, consumption. Who has seen a consumptive who was otherwise than hopeful? and how often a patient who has a slight gastric or duodenal catarrh is seen, who looks upon the dark side of everything, and even imagines that he has a fatal disease.

The observation of these facts, both in the puerperal and non-puerperal states, has made me very sceptical on the influence of the mental status on puerperal diseases.

Some of the acute infectious diseases have been thought by many to have a direct causative relation to puerperal fevers. Scarlet fever, diphtheria and erysipelas have been considered the chief offenders. It was claimed that these diseases caused the so-called puerperal fever, but it is absurd to state that one disease can directly cause another. And there is no evidence to show that these diseases when they affect the puerperal woman differ from what they are when they affect other patients. The statistics show that the death rate for women who are affected during the puerperal period with scarlet fever or diphtheria is no greater than for the same diseases under other conditions. Lomer reports a case of a woman who suffered from an attack of facial erysipelas during the puerperal period, but had no other febrile disease. Of course it is not doubted that erysipelas can be communicated to the lacerated surfaces about the genital tract as easily as it can to any other denuded surface; but when it is so implanted, the disease is erysipelas and not something else.

Immediately after labor the genital canal presents usually some lacerations, is always greatly stretched, and its tissues have their power of resistance to pathological micro-organisms reduced to the minimum; so that it is a fertile field for inoculation.

I think that the great source of danger from these acute infectious diseases is not the inoculation of the micro-organism peculiar to these diseases, bnt the implantation of micro-organisms present during the suppuration accompanying these diseases.

Robert Barnes and Galabin lay much stress upon auto-infection; that is the poisoning of the body from retained placenta or membranes, or by the compounds formed during involution. I cannot understand how this can possibly occur. In the first place, parts of the placenta and membranes, or even the whole have been known to be retained in the uterus for many days without having decomposed and without producing any unfavorable symptoms. These retentions have been observed by every practitioner, but unless they undergo putrefaction they never give rise to any febrile disturbance. These retentions are elements of danger in that the lacking essential to putrefaction, the micro-organisms present everywhere in the atmosphere may, at any time, be added to them; but when they are not acted upon by any agent from without, they do not decompose, and are not the sources of poisonous principles.

In the second place, the products formed during involution are present in all puerperal cases, and if they are capa-

ble of giving rise to any disease, that disease should be present in all cases, while the fact remains as has been shown that a very large per cent. of puerperal women run through the whole period with scarcely an appreciable variation of pulse and temperature from the normal. As I told you the other day, involution of the uterus is a simple fatty degeneration. The same process often takes place in other parts of the body and is then never considered a cause of any febrile disturbance.

It is the common experience of all observers that fevers of the puerperal period, and especially septicæmia, are much more prevalent during the latter part of the winter than at any other time during the year. The continuous low temperature in all probability has nothing to do directly with causing the diseases. But the efforts to keep the house warm by having all the windows and doors closed, also prevents, in houses that have no special ventilating apparatus, a sufficient air supply. In this way the propagation and accumulation of infective material is favored. So that the ill effects are chargeable not to the cold weather but to the bad ventilation. If all hospitals and lying-in-chambers were properly ventilated, no doubt the undue proportion of cases occurring in the later winter months would disappear.

During pregnancy the blood of the woman has its proportion of water, white corpuscles and fibrine moderately increased, and the proportion of red corpuscles more or less deminished. These changes depend largely upon the appetite and digestion of the patient; when these have remained good the blood changes are comparatively insignificant. The altered constitution of the blood has been looked upon as underlying many of the diseases of the puerperal period. Winckel calls attention to the fact that these changes are really only moderate, and says:—"Finally, the idea that a general dyscrasia of the blood can be entertained as a remote cause of the more severe puerperal affections, must be abandoned in proportion as we gain a deeper conviction that purely local disturbances of nutrition lie at the foundation of all diseases. The truth of this statement is more evident by the fact that cases are becoming less and less common in which the autopsy reveals an entire absence of local organic affections; and also for the reason, that in cases where blood-poisoning can be clearly proved, the source of infection is usually local, and may be traced to the genital organs."

INFLAMMATION OF THE VERMIFORM APPENDIX; ITS RESULTS, DIAGNOSIS AND TREATMENT.*

TOGETHER WITH THE REPORTS OF SEVEN CASES OF EXCISION OF THE VERMIFORM APPENDIX FOR PERFORATIVE APPENDICITIS, WITH EXHIBITION OF FIVE OF THE PATIENTS.

BY THOMAS G. MORTON, M. D.,
OF PHILADELPHIA.

When the abdomen is believed to contain pus, whether intra- or extra-peritoneal, encysted or diffused, the rule of surgical procedure now is to make a section, remove the offending organ or the sloughing tissue or pus, thoroughly cleanse the surroundings, and drain.

This method has also been practised in the treatment of suppurative peritonitis; in perforating ulcer of the intestine, whether typhoid, tubercular, traumatic, or simple in character, and, more recently, in those inflammations and abscesses called perityphilitic or pericæcal, which now are acknowledged to be almost invariably the result of some form of appendicitis. It is to the latter affection that I wish to call attention this evening, and, in doing so, to present a number of patients from whom I have removed a diseased appen-

*Read before the College of Physicians of Philadelphia, Jan. 1, 1890.

dix vermiformis, which in every case had given rise to peri-appendicular abscess threatening general suppurative peritonitis, which, indeed, in several had already begun.

Laparotomy for perforative appendicitis, with removal of the organ, is now an established surgical procedure, and yet so recently has this operation been introduced that I am able to present the patient upon whom I operated in April, 1887, for pericæcal abscess with peritonitis, which I believe represents the first successful operation for the removal of the vermiform appendix in a case of this kind, based upon correct diagnosis.

It is true that Hall, of New York, in 1886, in an abscess associated with right inguinal hernia, after evacuating the abscess, had discovered and removed an ulcerated appendix, and the patient recovered; but the diagnosis of perforative appendicitis was not made until after the abscess was opened. More recently, a number of cases of excision of the appendix have been reported by Weir, Treves, Nancrede and others.

In the case to which I have referred and now present, general peritonitis was developing; the history and symptoms indicated abscess, and pointed to the appendix as the cause of trouble. Upon incision, an abscess cavity was entered at a depth of an inch or more below the external surface, a free flow of pus followed, and the cæcum and its diseased appendix, which was perforated, came into view. The latter was excised, the peritoneal cavity washed free of pus and drained, with immediate relief and prompt recovery.

I have operated since upon six other cases; of these seven, five recovered and two died; of the latter, both were operated upon *in extremis*, and although dying within a few hours, the fatal termination was in nowise, I think, hastened by the operation.

Each case presented a distinct history of a number of previous attacks of pain in the ileo-cæcal region, which occurred generally at irregular intervals, covering periods varying from a few months to several years.

Four were males, and three were females; their ages were respectively nine, eleven, seventeen, twenty-six, twenty-eight, thirty-four, and fifty-two years. The final attack, during which perforation took place, presented symptoms very much alike in each: intense local pain, increased on pressure, distension of the ileo-cæcal region, fluctuation of temperature, slight rigors or marked chills, moderate or decided sweating, acceleration of pulse, coated tongue, constipation, and a depressed anxious facial expression.

No tumor could be detected in any case, but in one instance there was some deep hardening of the tissues. Percussion in this, as in fact in the other cases, was markedly tympanitic.

A lateral incision was made in each, and the peritoneal cavity was found invaded by pus in four of the cases. In all more or less intestine came into view, either as part of the limiting abscess wall or penetrating the opening through it to the general peritoneal cavity. The appendix was found attached its entire length to the cæcum in three cases, and quite free in the other four.

Fecal concretions were found in every case but one, either lodged in the perforation or free in the abscess or peritoneal cavity.

The abdominal cavity of each was washed out and drained from the lowest part of the pelvis. The abscess cavities were treated by irrigation and partial curetting. The wound of operation was brought together by interrupted sutures of silk, but in each case, owing to increased tension, some of the sutures had to be cut within twenty-four hours, and healing by granulation took place. From the time of operation the symptoms were invariably promptly relieved. Convalescence was uneventful except in one instance, which will be referred to again.

The operations were performed at periods varying from the third to the ninth day after the first symptoms had appeared. The post-operative treatment consisted, in a general way, in keeping the abdominal cavity drained and the bowels acting freely.

Hypodermic injection of morphine

was reluctantly used upon two occasions, shortly after the operation, to relieve pain and restlessness.

Milk and broths were freely given, while stimulants and quinine were early required. The histories of these cases are briefly as follows:

Case I. (Exhibited.) *Appendicitis; perforation; perityphlitic abscess; general peritonitis; laparotomy; excision of the vermiform appendix: recovery.*—This patient was under the charge of Dr. Frank Woodbury, with whom and Dr. James C. Wilson I saw the case in consultation. Charles M. N. K., aged twenty-six years; born in Philadelphia; a paper-hanger; not married; of spare frame; had always had good health, except that for the last three or four years he had been subject to sudden and severe attacks of abdominal pain. These attacks came on without warning while he was in excellent health, and would completely prostrate him. The pain was of a stabbing character, and most intense across the lower part of the abdomen and around the umbilicus; it was attended by great irritability of both rectum and bladder, sometimes there would be diarrhœa. These attacks after lasting a few hours, passed away gradually, leaving him rather weak for a short time; but he rapidly recovered, and enjoyed uninterrupted good health until the next attack came on. He consulted Dr. Woodbury on the 20th of April, 1887, complaining of having taken cold; looked haggard, skin and conjunctivae rather sallow, tongue coated, no appetite, bowels constipated, frequent micturition, and was passing a large quantity of pale urine. At this time he did not complain of abdominal pain. He was given fractional doses of calomel and sodium bicarbonate with pepsin, and was directed to keep his room. The urine contained a large proportion of albumin (one-fifth on boiling), and under the microscope showed many leucocytes and a few hyaline casts.

April 22nd. Nauseated during the night; bowels moved satisfactorily; great irritability of the bladder; much prostration.

23rd. Spent the day lying upon a lounge; complained of abdominal pain; had not slept, and was very restless.

24th. During the night had suffered intensely and did not sleep; several copious movements; pain persisted; point of greatest tenderness midway between the umbilicus and the middle of Poupart's ligament. A resisting mass could be detected upon pressure in this locality, but examination caused severe pain. Temperature 103.5°; pulse 140.

25th. Had a very bad night; pain in right iliac region excruciating; swelling somewhat larger, very tender; skin not discolored. Dr. James C. Wilson saw the case in consultation; diagnosis, either intussusception or perityphlitic abscess. Leeches were applied over the spot of tenderness.

27th. Symptoms continue about the same; general condition poor; face pale, features pinched; beads of perspiration on forehead. I was called, and advised operation. At this time his condition was discouragingly wretched, that of a man in the dying stage of purulent peritonitis. At 2 P. M. performed laparotomy; the field of operation was cleansed with soap and water, and neighboring hair removed; the surface was again washed with ether, followed by corrosive sublimate solution (1 to 2000). The usual antiseptic precautions were observed as to instruments, and the field was surrounded by towels wet with the mercuric solution. The incision was made directly over the swelling, and finding the deep muscles infiltrated with pus, it was extended until it measured nearly ten inches; commencing just above, and two inches to the right of the umbilicus, it continued obliquely downward nearly to the pubes. The peritoneum was opened and a free flow of pus followed, having a decided fecal odor; general purulent peritonitis present. In the abscess cavity, near the appendix, was found a fecal concretion about the size of a cherry-stone. The vermiform appendix was greatly swollen, and exhibited a perforating ulcer extending three-fourths around in circumference, and very near to the point of origin. A silk ligature was applied

close to the cæcum and at the terminal portion of the appendix, and the intervening portion, comprising almost the whole organ, was removed, together with a large portion of omentum which projected into the abscess cavity, the walls of which were then scraped with a curette and douched with simple hot (110°) water. The peritoneal cavity was likewise douched until free from pus, and a drainage tube was carried into the lowest part of the pelvic basin.

Following the operation, he entered upon convalescence, which was uninterrupted. He was free from all pain; the bowels moved naturally. The temperature fell after the operation, and did not again rise above 100°. The drainage tube was removed piecemeal, the last portion being taken away on the fifteenth day. Went out May 21st. His recovery was assured by careful nursing, and by the administration of milk and small quantities of prepared liquid foods.

Case II.—*Appendicitis; perforation; perityphlitic abscess; general peritonitis; abdominal section; excision of appendix; death.*—This case I saw in consultation with Dr. Edward G. Stone, of Philadelphia, and operated upon it for him. Mrs. G., æt. thirty-four; mother of one child; had been perfectly healthy up to time of last illness, save for occasional attacks of colic, which had readily yielded to anodynes. It was said that she had had a severe attack of pain and vomiting some months before. For two days previous to February 1887, she severely exerted herself while the menses were overdue. On that day she had severe abdominal pain accompanied by vomiting. The pain was described as starting in the right hypochondriac region and darting to the umbilicus. No tumor was perceptible, neither was there tenderness upon pressure. Anodynes and counter-irritation were ordered. February 19th, pain less; no emesis nor rise of temperature; some soreness and tenderness to the right of the umbilicus. Pain returns as anodyne effects pass off. Bowels have not moved for several days. Abdomen somewhat tympanitic, tongue coated and dry at tip. Evening temperature, 100°; pulse 90. Treatment continued.

February 20th. Restless night. Vomits yellow material freely. Abdomen tympanitic and tender. Temperature 101°; pulse 110. Operation urged but refused.

21*st.* Symptoms continue. She is more quiet, but weaker. Abdomen very large and tender. On the morning of this day I first saw the case, and, although her condition was very unfavorable, urged abdominal section as her only chance for life. My diagnosis was perforated appendix and subsequent peritonitis.

Free incision was made laterally over the cæcal region, and the appendix found greatly enlarged and perforated in two places, each hole measuring a little more than one-fourth inch in diameter. A silk ligature was placed upon the appendix close to the cæcum, and the offending organ then removed. There was also present diffuse purulent peritonitis. The abdominal cavity was thoroughly irrigated, the region of abscess cleansed, and a drain inserted. She died in a few hours.

Case III.—*Appendicitis; perforation; perityphlitic abscess; general peritonitis; abdominal section: excision of appendix; death.*—On the 13th of January, 1888, I was called in consultation with Dr. B. Trautman, of this city, to a child nine years of age. It seemed that she had suffered from headache, and frequent attacks of pain in the abdomen. She attended school just before Christmas, when she had a severe colicky attack, but subsequent to this was apparently quite well, and on December 31st was out with her sled for several hours. On January 6th she was seized with nausea, abdominal pains, and developed high fever. After this she was so much better that she was down stairs, and ate of sausage and rolls. Soon after, she was seized with violent abdominal cramps, the right iliac region being exceedingly painful. Upon January 12th she had an attack of pain which was most excruciating in character. The following day, when I first saw her, the

condition was wretched, almost that of collapse, but not to such an extent as to justify denial of her only chance of life, as I had diagnosticated peritonitis originating in a perforated appendix, and advised operation. Upon making lateral abdominal incision, as soon as the peritoneum was opened a great flow of putrid pus took place, then the cæcum and appendix came into view; the latter was greatly swollen, and both it and the cæcum were covered with greenish-yellow pyogenic membrane and lymph. The appendix was gangrenous for some distance, and its end had sloughed off. One foreign body was found in the abscess cavity, another was partly held in the sloughing end of the organ, while two other concretions were in the canal near the cæcum. The appendix was ligated at its base and exsected. The whole abdominal cavity and its intestinal contents, which were in a state of purulent inflammation, were then thoroughly inundated with hot water; a glass tube was carried into the pelvis, and the wound was closed and dressed in the usual manner. The child never reacted fully, but died seven hours afterward.

Case IV. (Exhibited.)—*Appendicitis; perityphlitic abscess: incision and drainage* (1886); *recurrence of appendicitis; perforation; perityphlitic abscess; abdominal section; excision of appendix; recovery* (1888).—L. A. B., a stout girl, of healthy parentage, and with no family history of cæcal or appendicular disease, had a severe fall upon the buttocks in March, 1884. She was almost immediately seized with a terrible attack of vomiting and retching, which lasted hours. From this time until September, 1885, she suffered with extremely painful epochs, and, from time to time when tired, had a recurrence of vomiting similar to that immediately succeeding her fall. On September 10th, during the progress of one of these vomiting spells, she experienced severe pains in the right cæcal region, the whole seizure lasting about ten days. Another attack developed on September 29th, and still others on November 10th and 23d. The latter was brought on by taking cold, and in five hours she was compelled to go to bed; and endured the most excruciating drawing pain, which radiated from the right cæcal region to the shoulder blade of the same side. Vomiting continued for some hours. Emesis then ceased, but the pains continued off and on until January 10, 1886, when I first saw the patient. A hardening was then present in the right ileo-cæcal region. Poultices and mercurial inunctions were ordered, which gave very marked relief. She daily seemed to improve, and before March 19th had resumed her household duties. On that day she was much overworked in caring for company, and about midnight was seized with torturing pains in the region of the hardening. These continued until April 3, 1886, when I incised the now greatly enlarged mass, liberated a large quantity of fetid pus, and introduced a drainage tube. There was apparently no communication with the cæcum or its appendix. The tube remained for a long time, and the wound did not completely close until August. Her condition, however, had meanwhile improved amazingly, and she was soon quite herself again, being up and about the house in four weeks.

After this, especially when tired out or at a menstrual period, the patient suffered with pain localized about the cæcal region. The attacks resembled colic. Three months after operation she had quite a severe attack of local pain which lasted a number of hours. These attacks, at long intervals, presented about the same characteristics. The last occurred in January, 1888, which was accompanied by more severe pain than any of the others.

During the evening of Friday, March 15th, of same year, she was taken with violent vomiting and purging. These symptoms continued all night, and through Saturday, when the pain was most intense. On Sunday her symptoms appeared grave. Pain was increased on pressure in the right ileo-cæcal region. Abdomen soft; fever; rapid pulse and dry tongue. On Monday the symptoms continued the same, with a temperature of 102°. In the afternoon the general

symptoms were more serious. No tumor could be felt, pain increased. Skin was bathed with sweat. There was marked resonance over the part. On Tuesday the pulse was feeble,, nausea and occasional sick stomach prevailed. The other symptoms remained about the same; diagnosis of perforated appendix with abscess was then made. The same morning she was etherized and the usual lateral incision five inches long, was made. This came about an inch further externally than the line of incision of the first operation. The deep tissues of the abdominal wall were somewhat œdematous, and just before the peritoneum was reached a large quantity of most fetid pus was liberated. At the base of this cavity the cæcum and appendix were clearly visible. The latter was enormously enlarged and thickly covered with lymph and abscess lining membrane. A large opening in the abscess wall communicated with the cavity of the general peritoneum. Through this, small intestines were forced when she coughed.

The appendix was firmly attached to the cæcum, from which it was separated with some difficulty. It was then firmly ligatured with a stout silk thread at its junction with the cæcum and excised. The communication with the general peritoneum was then enlarged by tearing, and through it the intestines were most thoroughly washed by means of hot water irrigations. The abscess cavity proper and surrounding parts were sponged with one to one thousand mercuric bichloride solution. A glass drainage tube was then carried to the bottom of the pelvis and brought out through the lower angle of the wound, while a large rubber tube drained the abscess cavity proper and emerged at the upper extremity of the wound.

The incision was then closed and an antiseptic dressing applied. She reacted well; on the following day immense swelling necessitated cutting of all the stitches, whereupon the cæcum lay in full view at the bottom of the wound, but no prolapse of intestine at any time took place.

Great sloughs kept coming away for many days, also much pus, in spite of every effort to keep the wound aseptic. The deep glass or pelvic drain became dry on the fourth day and was removed on the fifth. From that time the wound was kept lightly packed with antiseptic material and rapidly granulated to the surface, when a few strips of rubber plaster were applied and cicatrization became complete.

Patient's bowels, from time of operation, were kept in a freely moving condition by means of citrate of magnesia and enemata. In less than a month the patient was well, and has since married. The appendix was found to be the seat of a very large perforating ulcer, situated near its cæcal attachment, but no foreign body was discovered.

Eighteen months after operation as result of immense obesity and continued bronchial cough, a hernia of considerable dimensions appeared beneath the double cicatrix. This, however, has not increased in size, is easily kept reduced by a truss, and gives the patient scarcely any annoyance.

(*to be continued.*)

LEPROSY, WITH REPORT OF A CASE.

BY ROBERT HOFFMAN, M. D.,
OF BALTIMORE.

(*Continued from page* 406.)

Clinical history.—Franz Labinger, born at Oberhausen, fifty years of age, a pensioned soldier, was admitted to the Julius Hospital, Dec. 4th, 1883. The father of the patient died at the age of seventy-nine years, of a disease unknown to him. Of five children, a sister of the patient died at the age of nineteen years, of typhoid fever, and a brother at the age of twenty-nine years, of acute gastritis, caused by excessive alcoholic indulgence. The patient declares that he never had any of the diseases peculiar to childhood. He served nine years as a soldier at Munich; while there, he

contracted syphilis; he then was twenty-nine years of age; he claims to have been cured after two weeks treatment. In 1863, he was dismissed from military service, and took a position as superintendent of a Roman bath at Hamburg; later on he became a professional nurse at Salzburg, in which capacity he served until 1869, when he went to Holland and enlisted for the service in India. He was assigned to the Dutch artillery and sent to Batavia, and later on to Sumatra, where he remained six years. During the first year of his residence in Sumatra, the patient suffered his first attack of sickness since leaving Europe. He had dysentery, from which he did not recover until after six months' illness. The whole body, especially the back and abdomen, was covered with small red sores, which were very painful. Warm baths were used, which caused the sores to disappear entirely. In 1875 patient returned to Batavia, and re-enlisted for six years. From Batavia he was transferred to Atschin, where he contracted intermittent fever, which caused him more or less annoyance for two years. While suffering from one of these attacks, he plunged into cold water, which patient claimed cured him from the malady. During 1878 the patient showed the first symptom of his present illness while on an expedition to Fort Analabu; of the 1,400 men sent out but 300 returned; the remaining number were either attacked by beri-beri or died. The malady began while suffering from over-exertion during a heavy, damp atmosphere. Patient experienced great fatigue in his lower extremities; his temperature was normal; no catarrhal trouble developed itself, but his legs and the lower part of the abdomen were noticeably swollen. In spite of his condition patient performed his duties, even after experiencing decided numbness in his feet. Before long he had to go to bed, complaining of pains in his stomach, and a feeling as if a stone were in that organ. This was accompanied by severe diarrhœa and thirst, and *craving* for food. At this stage he returned to Batavia, and entered the hospital, where his face and arms also began to swell. He was relieved from military duty, and returned to Germany. While crossing the ocean and after arriving home, the œdema gradually disappeared, followed by ulcers in the skin, which were, however, painless, and readily healed by washing with sea-water. From this time on the patient's condition got worse. His lower extremities began to weaken considerably, and while walking he could not feel the ground beneath his feet, but experienced severe pain in them when he accidently came in contact with any object. The œdema, which developed in India, was treated while there by wrapping the extremities with flax. In the morning after a night's rest, it was hardly perceptible, but more pronounced at night.

Status presens. — Large, powerful patient; bones strong, with well developed muscular system; the hair well preserved and thick. The skin of his face is everywhere heavily infiltrated, particularly the forehead, cheeks and the nose, forming puffy ridges, which are separated by deep furrows. By slightly separating these furrows a small bloody crack is formed. The expression of the face in consequence of the ridges and furrows caused by the infiltration is of a threatening and disagreeable attitude. The infiltration of the skin is not a uniform one; here and there are areas of skin between those which are heavily swollen and which are apparently smooth, without sharp outline, gradually running into one another, which on closer inspection are seen to be but a milder type of the small infiltration. The tongue shows no abnormalities; the mucous membrane of the hard and soft palate shows numerous nodules the size of peas, and even larger, which have a yellowish-white appearance, and of a hard, knotty and irregular character. The soft palate has the appearance of scar tissue, the uvula is shortened and changed into a cartilaginous tumor the size of a pea. The anterior and posterior arches of the palate are irregular, knotty and have yellowish-white ridges. The balance of the mucous membrane of the mouth is normal. The nares are partly closed by the swollen turbinated bones, partly by scabby formation, so that the patient can breathe only

with great difficulty. On removing the crusts the same nodules are found to exist in the septum and the anterior portion of the superior turbinated bone, as in the soft palate. The voice is hoarse and weak; epiglottis short and thick, edges knotty and thickened, mucous membrane pale. The mucous membrane over the arytenoid cartilage is of a yellowish pale-red color, thickened and irregular. In the interarytenoid region the yellowish discoloration, thickening and irregularity of the mucous membrane is much marked; the false vocal cords are thickened; the true vocal cords are somewhat congested, thickened and irregular; about in the middle of the left cord slight loss of tisue is noticed; the left arytenoid cartilage and cord move more slowly than the right. The pupils are alike in size, and respond readily to light.

The skin of the ear is indurated, particularly the lobules. The cervical glands are swollen and indolent. The skin of the neck is infiltrated in distinct patches, showing a number of superficial sores the size of a pin. The skin covering the chest and abdomen is thin, wrinkled, but not infiltrated. The skin of the back and thigh shows several infiltrated spots, the size varying from a dollar to that of a small plate, irregular in form, but sharply outlined against the healthy parts. Pulmonary, cardiac and hepatic dulness normal. The surface and margin of the liver on palpation were found normal. Splenic dulness increased. The abdomen not abnormally sensitive and tympanitic all over. The natural strength of the lower extremities preserved, that of the hands much diminished. Co ordination not disturbed. Sensation on the palmar surface of both hands and fingers nearly intact; the most delicate touch perceived. The sharp and dull end of a needle not positively distinguished. Sensation over the dorsum of the hand, also the extensor surfaces of the forearm and arm considerably diminished; only firm and rough contact perceived. A prick with a needle often mistaken for the pressing of a finger. The sensory distances are increased and hardly not at all perceptible, particularly neither one or both points of the compass rest on anæsthetic skin surfaces.

The flexor surfaces of the arms show less loss of sensation than the extensor surfaces. The skin of the flexor surface of the arm and forearm is normal in appearance, whereas that of the extensor surfaces is decidedly infiltrated, showing an irregularity in the intensity of various areas, often arranged in lines sharply outlined against the pale colored normal parts. The infiltrated portions are of a brownish color showing a tendency to swelling. On the left elbow, located at the olecranon is seen a superficial sore the size of half a dollar, with pale hypertrophic granulation; edges flat, of a white hue; near it several scars. The cubital and axillary glands swollen. The dorsum of the hand in toto infiltrated. Sensation in the lower extremities decidedly diminished; only severe contact is recognized and usually falsely located. No disturbance of co-ordination. Patient can stand with both eyes closed, without experiencing any uncertainty; he, however, claims not to be able to feel the ground in walking, giving him the sensation as if he were walking on stones and the earth was moving beneath him. He walks naturally, rather heavily. Patellar reflex present in both limbs. The entire skin of the lower extremities infiltrated excepting the inner surface of the upper portion of the thigh and the portion corresponding to the popliteal spaces. The infiltration is more intense in the lower extremities than the upper. The feet are ungainly marred; the original form entirely obscured. The inguinal glands are enlarged and indolent. The flexor surface of the thigh and also that of the upper extremities is dotted with numerous darkly pigmented scars the size of peas. The pulse can hardly be felt through the thickened epidermis; it is regular and weak. Urine yellow, clear, free from albumen and sugar. Examination of the blood reveals a slight increase in the white cells. The sense of touch in the lower extremities diminished; that of the upper, normal. The diagnosis of leprosy was made.

(*To be continued.*)

Society Reports.

CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD FEB. 7TH, 1889.

The 238th meeting of the Clinical Society of Maryland was called to order by Dr. John W. Chambers, the President and Vice-President being absent.

Dr. Feddeman, Woodberry, Md., Dr. Amanda Taylor Norris, Harlem avenue and Fremont street, Dr. Joseph A. Wright, Pikesville, Md., were proposed for membership.

Dr. H. L. Knipp exhibited a case of

CHRONIC URTICARIA.

Patient had been suffering from this condition for about nine months. Before the first appearance of the attacks, the patient had been taking balsam copaiba. Whether that had any connection with the disease he did not know. Recently the attacks come on every night. The treatment so far has only been palliative.

Dr. Walter B. Platt read a paper on

THE SYMMETRICAL LESIONS OF SYPHILIS.

He related several cases illustrating the point, and quoted numerous authorities in the same connection.

Dr. H. Toulmin reported

AN INTERESTING CASE OF MALARIA.

In the report he called attention to the value of frequently taking the temperature, as it varied considerably at different hours in the day.—A very important point in the clinical examination of patients suffering with malaria is the microscopical examination of the blood. He demonstrated how easy it is for the blood to be obtained and the method employed to prepare it for examination.

Dr. C. O. Miller said he was greatly interested in the subject himself and he had listened to Dr. Toulmin's remarks with considerable attention. He is of the opinion that unless we can keep these patients under observations for a long time, it is hard to say whether they are cured or not, and in this connection he related the case of a boy who had an attack of malaria in the fall. No treatment was instituted, and he apparently got well. In January following he saw the patient again; this time he had fever of an irregular type. The blood was examined and the intercellular bodies were found present. He was given quinine in 2 gr. doses, and the bodies disappeared. In March following the attacks came on again. The inter-cellular bodies again formed, and small doses of quinine repeated once more, which brought about relief.

He doubts not that small doses of the drug will relieve the symptoms, but whether they cure the disease is hard to say. Our knowledge of the disease up to the present day is not sufficient for us to say whether any latent bodies remain in the blood or not, therefore it is impossible for us to say that permanent cure is the result of such small doses of quinine. For that reason the patient should be kept under observation for a long time. It seems to him that it is better to give large doses and destroy, if possible, all traces of the disease.

Dr. Jos. T. Smith asked Dr. Toulmin if he had found that similar doses were sufficient to relieve in all cases, and what was the mode of administering the drug.

Dr. R. B. Norment said in reference to this subject several points are very interesting. He thinks that in the treatment of the intermittent form of the disease that if a large dose of quinine be given just before the chill it will prevent it in the majority of instances. It is different with the remittent form, and he thinks that Dr. Toulmin was fortunate to have gotten his patient so late in the attack. Some of these cases will run a course similar to that of typhoid fever, and quinine will have no effect at all. He has not seen a case of intermittent fever return after all symptom had been subdued for over one month.

Dr. H. Toulmin said that quinine is administered at the Johns Hopkins Hospital in liquid form. Twenty-eight cases of malaria have recently been treated there, and quinine was given to all in small doses and with equally good results. No cases thus treated have returned so far since their discharge from the hospital.

Dr. Walter B. Platt showed

A SPECIMEN OF PAROVARIAN AND OVARIAN CYST

that he had removed from a patient aged 14 years. Before the operation measurement around the abdomen was thirty-one inches. The large cyst contained three quarts of this fluid; the smaller one about six ounces. No bad symptoms followed the operation. The dressing was not changed for one week, at which time the stitches were removed and the wound practically healed. The patient has since gone on uninterruptedly toward recovery.

W. J. Jones, M. D.,
Recording Secretary.

1238 Greenmount Avenue.

WASHINGTON COUNTY MEDICAL SOCIETY.

STATED MEETING HELD AT HAGERSTOWN MD., APRIL 9TH, 1890.

Dr. N. B. Scott of Hagerstown in the chair.

Dr. C. L. G. Anderson of Hagerstown, for some years assistant surgeon U. S. Army, in a paper upon

ARIZONA AS A HEALTH RESORT,

based its claims upon the dryness of soil and air, and upon the varying altitudes of its valleys and plateaus. A consumptive in the beginning of his disease he would send to the dry and elevated regions to live in the open air. The broken down business man, the tired out society woman, the consumptive in advanced stages, he would send to the low lying district about Yuma, there to rest under the palms.

Dr. C. D. Baker of Rohrersville reported several cases of

PNEUMONIA

in which he was impressed with the favorable action of antipyretic medicines combined with supporting and stimulating means. In the discussion on the paper the question as to the beneficial effect of antipyretics in pneumonia was raised.

Dr. E. Tracy Bishop of Smithsburg, read a paper upon the

RELATION OF THE PHYSICIAN TO HIS PATRON AND THE PUBLIC.

Attention he thought, should be given the hygienic care of the patient, specific medication being subordinated to it. He did not believe in specifics, until we could get something to kill germs and not the patient.

Dr. H. K. Derr of Hagerstown in his paper upon

PALATABLE MEDICINES

showed how some commonly used medicines could be agreeably disguised. The uncertain action of sugar and gelatin coated pills was brought out in the talk upon the communication.

Dr. H. S. Herman of State Line reported

SIX CASES OF SCARLATINA

one of them in utero. The importance of making the skin and mucous membrane of a scarlet fever patient aseptic in order to prevent the spread of the disease was insisted upon in the consideration of the paper. A wash of corrosive sublimate 1 to 10.000, inunctions of vaseline with carbolic acid, with sulphur, were recommended.

J. W. Humrichouse M. D.,
Corresponding Secretary,
Hagerstown.

MARYLAND MEDICAL JOURNAL

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WILLIAM B. CANFIELD, A.M., M.D., Editor

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BALTIMORE, APRIL 19, 1890.

Editorial.

THE ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

Next Tuesday at noon the Medical and Chirurgical Faculty will open its 92nd annual session.

After years of depression and success, through many hardships and vicissitudes, the Society has survived, and with this year promises to be more successful in its work and membership than ever before.

Thanks to the energy of a few active members, the increase in membership at this meeting will not be much short of a hundred, and thus new life, most of it from other cities and counties in the State, will give the Society that more general character of a State Society that its name demands.

As much of this renewed enthusiasm of the Society is due to the help of county members, candidates for membership and friends in Western Maryland, as shown at the semi-annual meeting held at Hagerstown last November, it would be well for the Society to take some official recognition of these semi-annual meetings, decide on the place of meeting, and secure a number of papers from the county members, as well as work from Baltimore members.

On the first day of this meeting, next Tuesday at 12.30 P. M., the President, Dr. A. Friedenwald, will deliver the President's Address on "The Modern Hospital. This meeting and all the meetings which are held Tuesday, Wednesday and Thursday, April 22, 23 and 24, from 12 to 4 P. M., all members should attend faithfully, and to the profession generally, and all friends of medical science, an invitation is extended to be present.

THE STATUS OF THE MEDICAL BILL.

At this time of writing, the status of the Medical Bill recently passed by the General Assembly of Maryland is being energetically discussed, and its fate is awaited with absorbing interest. No measure presented to the medical profession of Maryland in recent years has aroused such wide and general interest. From all portions of the State communications have been received from various members of the profession, offering assistance in an organized effort to

secure the Governor's signature to the Bill, thus showing an earnest desire upon the part of the vast majority of the profession in Maryland for the law.

The action of Governor Jackson in withholding his name from the Bill, so unjust and so narrow, has been vigorously criticized, and unless his Excellency is dead to all reason and fairness of judgment, he will give intelligent consideration to the facts which have been presented to him. Let us see how these facts stand:

First. Governor Jackson's course in not signing the Bill has been influenced, we must think, by unfair and untruthful statements which have been made to him. In the pressure of his official duties, his Excellency has evidently failed to read the Bill, and he has unfortunately given his ear to certain men in this State (members of the medical profession, be it said with regret, but not active practitioners of medicine, men who have an interest in the political crumbs which fall from the public table, and no interest in the legitimate practice of the profession), who have made him confound the Medical and Chirurgical Faculty of Maryland with a teaching body, and thus withhold his name from the Bill on the ground of unjust discrimination against other institutions.

Second. His Excellency has failed to recognize the fact that the State Faculty is a medical organization open to every worthy member of the medical profession of the regular school in Maryland. Upon no other hypothesis can his position be sustained.

Third. Every medical school in Maryland has expressed a sentiment in support of the Bill, and memorials to this effect are now in the possession of his Excellency. Not only have the medical schools of the State shown a most friendly interest in the Bill, but from all portions of the State memorials signed by the leading and most influential practitioners have been drawn up and forwarded to the Executive Office at Annapolis.

Fourth.—A delegation of the profession from this city representing nearly every medical interest and professional sentiment in support of the Bill, visited Annapolis on Tuesday, the 13th instant, and appeared before the Governor to urge his signature to the Bill. In the interview the facts of the case were clearly stated and the objections raised by his Excellency were squarely met. Governor Jackson admitted to the delegation that if the executive officers of the State were again called together to sign bills he would sign the Medical Bill. This is the latest status of the matter. The profession must now abide the pleasure and judgment of the chief executive officer of the State. We can only hope that his Excellency will assent to the manifest will and desire of a large and intelligent body of men throughout the State, who represent many interests, carry large responsibilities, are peaceful, law-abiding and influential citizens, and who have at heart the moral, material and physical welfare of the people of Maryland, and that he will repudiate the opinions of a few men who have influenced his judgment, whom better, sober thought will show to be mere time-servers, office seekers, and utterly without interest in the responsible work of the medical profession.

Correspondence.

WASHINGTON COUNTY MEDICAL SOCIETY.

HAGERSTOWN MD., April 14, 1890.

Editor Maryland Medical Journal:

DEAR SIR:— One of the results of the semi-annual meeting of the Medical and Chirurgical Faculty of Maryland in Hagerstown, November 12 and 13, has been the re-organization of the Washington County Medical Society. The second meeting of the resuscitated society with Dr. N. B. Scott in the chair, was held April 9th, at which were present members from distant parts of the county and at which five papers were read. I enclose you an abstract of the proceedings, and also a list of the members. They are Drs. C. L. G. Anderson, C. B. Boyle, H. K. Derr, J. W. Humrichouse, A. S. Mason, J. B. McKee, O. H. W. Ragan, W. Ragan, N. B. Scott, McPherson Scott, T. W. Simmons, E. M. Schindel, C. R. Scheller, of Hagerstown Washington Co. Md; C. D. Baker, of Rohrersville, Washington Co. Md., C. A. Baldwin, E. T. Bishop, Riddlemoser, of Smithsburg, Washington Co. Md., R. H. Boteler, of Weverton, Washington Co. Md., R. J. Duckett of Bakersville, Washington Co. Md., E. L. Downes, Lesher, S. K. Snively, of Williamsport, Washington Co. Md., T. Eliason, W. H. Perkins, E. P. Stigers, of Hancock, Washington Co. Md., H. C. Foster, Kreps, A. Shank, of Clearspring, Washington Co. Md., L. L. Grossnickle, of Beaver Creek, Washington Co. Md., J. M. Gaines, Smith, H. Wade, W. C. Wheeler, S. K. Wilson, of Boonsborough, Washington Co. Md., W. H. Grimes, of Grimes' Station, Washington Co. Md., Gardner, Pitsnogle, C. F. Russell, of Sharpsburg, Washington Co. Md., C. W. Harper, Wishard, of Leitersburg, Washington Co. Md., Hendricks, W. M. Nihiser, of Keedysville, Washington Co. Md., J. H. Koons, of Ringgold, Washington Co. Md., A. G. Lovell, of Benevola, Washington Co. Md., H. Onderdonk, of St. James, Washington Co. Md., V. M. Reichard, of Fairplay, Washington Co. Md., John M. Steck, of Chewsville, Washington Co. Md., Yourtee, of Brownsville, Washington Co. Md., T. M. Yancy, of Funkstown, Washington Co. Md., H. S. Herman, V. Miller, of State Line, Franklin Co. Pa.

Very truly yours,

J. W. HUMRICHOUSE.

Reviews, Books and Pamphlets.

Spinal Concussions; Surgically Considered as a Cause of Spinal Injury, and Neurologically Restricted to a Certain Symptom Group, for which is Suggested the Designation Erichsen's Disease, as one Form of the Traumatic Neuroses. By S. V. CLEVENGER, M. D., Consulting Physician, Reese and Alexian Hospitals; late Pathologist, County Insane Asylum, etc. With Thirty Wood Engravings. Philadelphia and London: F. A. Davis, 1889. Pp. v—359. Price, $2.50 net.

The great frequency of railway accidents has been the stimulatus which produced this work. It is valuable, if only as a convenient collation of opinions on the subject of spinal concussion. Railroad surgeons and those who treat many accident cases need especially to define the diagnosis and the prognosis of spinal concussion, the opportunity for malingering being great and tempting. The author quotes largely from Erichsen and Page, and unfortunately for medical momenclature already too obscure, substitutes the name "Erichsen's disease" for a variety of affections. The author invites unsparing criticism of his pathological views, but a careful search finds only the statement that often, no lesion can be found in spinal concussion. The book gives evidence of extensive research and much reading andwill be of use to the medical expert.

Asthma, Considered specially in Relation to Nasal Disease. By E. SCHMIEGELOW, M. D., Consulting Physician in Laryngology to the Municipal Hospital, and Director of the Oto-laryngological Department in the Polyclinic at Copenhagen. London: H. K. Lewis, 1890. Pp. 90.

This monograph is an English edition of a book published in Danish, and is an attempt to show how diseases of the nasal cavity may affect asthmatic attacks. The author has carefully reviewed the literature of the subject and has given a historical sketch of asthma from the earliest times. Due credit is given to the work done in all centuries, and especially to that of Dr. John N. Mackenzie, of this city. His conclusions are that asthma must be considered as a bulbar neurosis, and may be developed by a variety of causes and that in all cases of asthma the nasal cavity should be examined, not forgetting that nasal diseases may accidentally accompany cases of asthma. The treatment given is very meagre.

Manual of Skin Diseases, with Special Reference to Diagnosis and Treatment. For the use of Students and General Practitioners. By W. A. HARDAWAY, M. D., Professor of Skin Diseases in the Missouri Medical College, etc., etc. St. Louis: Theo. F. Lange, 1890. Pp. 434, price $3.00.

This book is an outgrowth of the author's lectures, and contains what is generally stated in works on skin diseases, together with some original ideas of the author on treatment. It is rather hopeless to attempt to teach skin diseases without cases, even good plates being often to typical. This book will be of use as an aid in clinical lectures.

Ein Beitrag zur Pathogenese der Sympathischen Ophthalmie; eine Experimentelle Studie, von Dr. ROBERT L. RANDOLPH, Assistenzarzt am Presbyterian Eye and Ear Charity Hospital in Baltimore. Uebersetzt von Dr. Carl Koch, Hausarzt am New York Ophthalmic and Aural Institute. Separat-Abdruck aus dem *Archiv für Angenheilkunde*. Wiesbaden. J. F. Bergmann, 1890.

The Animal Suture; its Place in Surgery. By HENRY O. MARCY, A. M., M. D., LL. D., of Boston. Reprint. 1889.

The Cure of Hæmorrhoids by Excision and Closure with the Buried Animal Suture. By HENRY O. MARCY, A. M., M. D., LL. D., of Boston. Reprint. 1889.

Discussion on Craniotomy. Reprint. Philadelphia, 1889.

Report of Proceedings of the Illinois State Board of Health. Annual Meeting, Springfield, Mo., January 30, 1890, and *February* 13, 1890.

Miscellany.

UNIVERSITY OF MARYLAND, FACULTY OF PHYSIC.

EIGHTY THIRD ANNUAL COMMENCEMENT.

The eighty third annual commencement of the University of Maryland was held last Wednesday at the Academy of Music at 12 o'clock noon. After a prayer by Rev. Arthur Chilton Powell, and the reading of the mandamus by the Dean, Prof. J. Edwin Michael, Prof. George W. Miltenberger, in the absence of the Provost of the University, Hon. S. Teackle Wallis, LL. D., in a very fitting speech conferred the degree of doctor of medicine on 81 candidates, being 31 less than last year, because the more difficult examinations and the raising of the standard compelled a large number to withdraw or fail. The prizes were then awarded as follows:

1. University Prize, Gold Medal, J. Frank Crouch, Maryland, A. D. Mc. Conachie, Canada.

2. Miltenberger Prize, Instruments, Wm. Littleton Robins, Maryland.

3. Chisolm Prize, Ophthalmoscope, W. S. Roose, Jr., Washington, D. C.
4. Tiffany Prize, Instruments, Charles Budwood Hargrove, North Carolina, Arthur Howard Mann, Jr., Maryland.
5. McKew Memorial Prize, Gold Medal, Arthur D. Mansfield, Maryland.

Dr. Philip C. Williams, of this city, then delivered an address to the graduates in which he referred to the responsibilities of the profession in comparison with other professions, the amount of good or harm that could be done it; he recalled the advances made in it from the time of his student life to this year, and closed by giving some excellent advice.

The following graduated:

F. H. D. Biser, W. B. Burch, H. F. Cassidy, R. P. Collins, A. T. Cronk, J. F. Crouch, C. R. Davis, W. R. Eareckson, G. H. Everhart, T. S. Fearn, S. G. Fisher, Jr., J. W. P. France, R. E. Garrett, J. Gichner, H. M. Griggs, M. E. Hammer, C. F. Hargis, C. A. Hoch, W. C. Hocking; R. K. Jefferson, O. M. Linthicum, B. R. Logie, W. S. Love, G. C. McCormick, A. H. Mann, Jr., A. D. Mansfield, L. Morris, C. F. Nolen, J. M. Price, W. L. Littleton, F. W. Schuessler, C. E. Simon, W. P. Smith, G. A. Taylor, L. W. Warren, J. E. Willing, of Maryland; E. M. Blackwell, L. B. Firey, H. T. Melton, F. R. Steel, D. D. S., Virginia; S. E. Bailey, S. R. Kelly, W. A. Rymer, W. L. Walraven, M. F. Wright, West Virginia; W. F. Creasy, J. A. Gaddy, C. B. Hargrove, J. R. Jerome, J. E. Martin, T. A. Matthews, W. R. Mayo, G. T. Mewborn, L. L. Sawyer, C. H. Sexton, J. B. Shamburger, St. C. Spruill, J. T. Strickland, R. J. Teague, G. I. White, J. C. Williamson, W. S. Windsor, North Carolina; W. R. Clyburn, S. H. Griffith, C. M. Kuykendal, H. E. McConnell, G. S. Stone, South Carolina; J. M. Benton, Ph. G., E. J. Dorminy, J. B. Walker, Georgia; L. B. Dorr, New York; F. B. Jackman, Massachusetts; A. D. McConachie, Canada; W. P. Miles, Jr., Louisiana; A. Mackey, W. S. Roose, Jr., Washington, D. C.; H. D. Snyder, Pennsylvania; L. H Milligan, Tennessee; R. L. May, Florida; J. G. VanMarter, Jr., Italy.

In the evening the faculty, alumni, invited guests and graduating class met in the amphitheatre. After some preliminary business the president of the Alumni Association, Dr. F. Donaldson, announced with regret that Professor George W. Miltenberger, after a half-century of active service in the school, had resigned, and that his resignation had with reluctance been accepted. Then Dr. Lewis Beall Firey, of Virginia, of the graduating class, in the name of that class in a very neat speech, presented to Prof. Miltenberger a handsome inkstand, tray and penhandle of beaten silver, to which Prof. Miltenberger responded in feeling words, recalling his connection with the school from its beginning.

The orator of the evening, Dr. Eugene F. Cordell, of this city, then delivered his address on the "Future of Our University," which will appear in full later. After the announcements, reports and miscellaneous business, the following officers were elected for the ensuing year:

President: Nathan Smith Lincoln, Washington, D. C.

Vice-Presidents: Samuel Theobald, J. T. King, C. H. Jones.

Recording Secretary: J. F. Martenet.

Assistant Secretary: C. E. Sadtler.

Corresponding Secretary: Herbert Harlan.

Treasurer: G. L. Taneyhill.

Executive Committee: R. Winslow, A. T. Shertzer, J. G. Jay, H. J. Berkley, C. H. Riley.

Prof. Michael introduced the graduating class to the alumni. The treasurer reported a very full treasury, and introduced the resolution, which was passed, that members could now join the Alumni Association without being compelled to buy the supper ticket. A vote of thanks was passed to Miss Potter, who presented to the University a very valuable plaster cast of the head of her father, Prof. Nathaniel Potter. The assembly then adjourned to the best supper the Association has given in the eleven years of its existence. Numerous speeches were made and music was kindly furnished by Drs. Hopkinson, Funck, Nolen, Roose and others.

BALTIMORE MEDICAL COLLEGE COMMENCEMENT.

Diplomas were given to thirty-five graduates of the Baltimore Medical College at the annual commencement last Tuesday evening, at the Lyceum Theatre. The graduates were; G. R. Anderson, of Georgia; M. F. Beck, Pennsylvania; J. E. Beck, Pennsylvania; Joseph A. Bonnett, Md., D. L. Burnett, Vt., W. C. Burns, La., C. A. Carr, Pa., R. M. Chase, Vt., S. J. Crudup, N. C., C. Lathrop, N. Y., A. F. Edgar, R. I., E. D. Ellis, Md., F. B. Enrit, W. V., A. L. George, N. Y., G. M. Glasscoe, Pa., F. R Goff, Me., W. D. Hohman, J. H. Mitnick, W. C. Muse and Rev. H. Nice Md., J. T. Poock, Australia; C. O. Rice Va., A. O. Sims, Ga., C. A. Stewart, N. Y., W. A. F. Strapp, M. B. Newfoundland; A. W. Sullivan, A. M., N. Y., J. Swartzmelder, Pa., R. A. Toms, N. C., A. Wegefarth, Md., H. T. Weston, N. Y., J. G. Williams, S. C., D. W. Walos, Canada; H. H. Wolff, Pa., and T. J. Wolff, Md. A mark of distinction was conferred upon C. W. Cannan, of Virginia, for having passed in the three year grade course a satisfactory examination on anatomy, physiology, chemistry and gynæcology. The ad eundem degree of M. D. was conferred upon Prof. J. W. Hartigan, M. D., of West Virginia. The honorary degree of M. D. was conferred upon C. A. Timme, D. D. S., of New York. Rev. Peregrine Wroth conferred the following prizes: Gold medal, Edward Dorsey Ellis; first college prize Edward Dorsey Ellis; second, Joseph Thomas Poock, third, David Williams; fourth, H. H. Wolff; fifth, Charles Lathrop Dodge, of New York.

The mandamus was read and the graduates announced by Dr. David Street, dean of the faculty The degrees were conferred by Prof. Charles G. Hill, president of the faculty.

The alumni afterwards gave a banquet at St. James' Hotel, at which Dr. John D. Blake, the president of the Alumni Association, presided. Besides the graduates, there were present the members of the Faculty, Rev. Julius Grammer and Rev. Peregrine Wroth. Remarks were made by Dr. Blake, Dr. Charles G. Hill, Dr. D. Streett and others, which pleasantly concluded the ninth annual banquet of the alumni of this association.

ADVERTISEMENTS IN MEDICAL JOURNALS.

How often do we hear of this or that medical journal, "It is mostly made up of advertisements." In a vast majority of cases such remarks are not only entirely uncalled for, but absolutely unjust. Does the individual who makes the remark ever notice that, let the "ads" be few or many, the number of pages of reading matter are just the same, and that he has nothing to complain of except the increased bulk of his journal, owing to the additional pages of advertising matter? There are certain things that one always thinks he can do better than any one else; mending the fire is one, bringing up children is another, and editing a newspaper is another. It is a remarkable fact, however, that a man's confidence in his ability to do these things superhumanly well usually diminishes in direct proportion to the experience he has of them. Men who have children, and men who have had experience in conducting journals, know more and say less about how these things should be done than bachelors and critics of other people's work in journalism are wont to do. It would be wise for some of the chronic grumblers to glance at the advertising pages of, say the London *Lancet*. Do they imagine for a moment, that the vast amount of matter found there is allowed to trench upon the regular reading matter of the journal? These remarks may seem foolish to some of our readers, and yet we have heard medical men honestly complain of the amount of such advertising matter, although the same number of pages of reading matter were therein, in their hands at the moment, as had always appeared in that journal. The patrons of a medical journal do not always consider where the means to pay the necessary running expenses are to come from. If there were no "ads" then current medical literature would

cost them nearly twice as much as it does under the present system, and judging from experience, that would not be complacently borne. It may be accepted almost as a maxim that the popularity and value of a journal may be gauged by the quality and quantity of its advertisements. No class of men are more alive to the necessity of doing business with a responsible and scientific journal than are advertisers of medical and surgical goods. They even place the professional status of a journal, above its circulation, in deciding as to its value as an advertising medium.—*Canada Lancet.*

Medical Items.

The Custom House has decided that the Johns Hopkins Hospital must pay duty on material imported for bandages.

The druggists of the city are afraid that a strict interpretation of the new high license bill will affect certain legitimate parts of their business.

It is said to be the intention of the German Government to prohibit the use of the American title D.D.S. (Doctor of Dental Surgery) by dentists as misleading.

The National Conference of Charities and Correction will hold its Seventeenth Annual Meeting in the city of Baltimore, from May 14th to 21st, 1890.

At the Medical and Chirurgical Faculty meeting next week, the profession from Washington County and neighborhood will be well represented.

Mr. W. Baldwin, of Belair, son of Dr. Silas Baldwin of this city, received the appointment from that congressional district to the United States Naval Academy.

According to the latest newspaper report the Governor has said his refusal to sign the Medical Bill was based on a misunderstanding, still he will almost certainly not sign it.

The Maryland College of Pharmacy held its 38th annual commencement at the Lyceum Theatre last Wednesday evening when the degree of Graduate of Pharmacy was conferred on 43 candidates.

If all physicians, both subscribers and readers of this Jounral, who have changed their address, or have opened an office since May 1, 1889, will send to this Journal a notice of such change it will be noted in these columns.

Dr. George W. Miltenberger has resigned his position as Professor of Obstetrics in the University of Maryland, after a brilliant career of a half century in that institution. His resignation was accepted with great regret by the faculty. No successor has as yet been elected.

The prison physician, Dr. Gurvich, at Kara in Eastern Siberia, has been highly praised by the press and people for his remarkable courage in refusing to be present at the flogging of Madame Sigida and remonstrating against this shocking piece of Russian brutality.

The Microscopical Society of Washington will hold its Sixth Annual Soiree at the High School Building in Washington on Tuesday evening, April twenty-second, at eight o'clock, at which an address will be delivered by the President of the Society, Dr. E. A. Balloch. The subject will be: "Microscopy for the Laymen."

The *Journal of the American Medical Association* says:— Prof. George H. Rohé has been appointed to the honorable and responsible position of Commissioner of Health for the City of Baltimore. He will bring to the accomplishment of his work experience, culture, and rare executive power. The city is to be congratulated for this selection.

The Brussels Academy of Medicine has passed a resolution in favour of establishing a special institution in Belgium for the treatment of epileptics. They recommend that the institution should take the form of an "open colony," on the lines of the establishment at Lain, in France, where 237 patients, divided into four classes, live in families under medical supervision.

Dr. T. A. Ashby, chairman of the Committee on Legislation, desires to express his thanks to the many physicians in this State who have forwarded to him memorials, and letters to the Governor urging him to sign the Medical Bill. The pressure upon Dr. Ashby's time does not admit of a personal letter from him in answer to the many inquiries and suggestions which have been offered. The response to his call for professional assistance in this matter, has been made generous, hearty and prompt.

Original Articles.

MECHANO-THERAPY IN SWEDEN AND GERMANY.

BY EDWARD MUSSEY HARTWELL,
PH. D., M. D.,
Associate in the Johns Hopkins University.

II.—MASSAGE.

In Dunglison's dictionary we find massage and shampooing taken as synonymous terms. Quain inclines to the same view and defines massage as "a process of treatment by rubbing which consists in deep manipulation." The definition given by Kleen in his "*Handbok i Massage*, Stockholm, 1889," is far more satisfactory, and expresses clearly the modern view. "By massage," says Kleen, "is meant a mechanical treatment of the soft tissues for therapeutical purposes, by means of certain manual procedures, such as stroking, kneading, pinching and striking." The word massage is French, and is said by some writers to be derived from the Arabic *mass*, to press; others trace its origin to the Greek *massein* to knead. Massage, as practised by a sect of laymen in France, similar to our "bone-setters" and "rubbers," seems to have excited the attention of several eminent French physicians during the latter part of the last century and the first third of our own. Tissot, Bonet, Pierry and Nélaton are the names oftenest cited in this connection. Estradèré's "*Du Massage, son Histoire, ses Manipulations, ses Effets, Paris*, 1863," is of historical interest. Its influence seems to have been greater in determining the terminology of massage than in any other direction.

As was noted in my first paper, Ling described and made use of the principal procedures now grouped under the head of massage, among his so-called passive movements. But the effect of Ling's teachings and practice in this field was so slight that massage, as at present understood, was practically introduced into Sweden by Dr. Berghman and Dr. Helleday, who learned the art in 1872–73 from Dr. J. Mezger, of Amsterdam. It is generally acknowledged that the rehabilitation of massage on the Continent of Europe, is due to the success with which Mezger employed it in the treatment of joint diseases, during the decade 1860–1870. To the appearance in 1877 of Dr. Weir Mitchell's "Fat and Blood," in which he advocated the use of general massage as a tonic measure and as a means of counteracting the evils of enforced idleness, we owe chiefly the interest which the profession in this country and England has since manifested in this branch of treat ment.

It is common, nowadays, to attribute the origin of massage to the Japanese, the Chinese, the Hindoos, the Children of Israel, or even the Homeric Greeks. The truth seems to be that massage, or something like it, has been a branch of folk-medicine in most parts of the world, from time immemorial, and that it owes its present scientific standing not to ancient or mediæval example, but to the quickening and shaping influence, independently exerted, by the experiments and examples of Mezger and Mitchell in the period 1860–1880.

Massage and gymnastics are frequently confounded, especially as many medical gymnasts claim that massage is only a part of gymnastics. In a recent article in the *Therapeutic Gazette*, for instance, one finds the Zander mechanical gymnastics made to include "mechanical" as distinguished from manual massage. This is the more remarkable as Dr. Zander is careful to emphasize the distinction between massage and gymnastics, and to state that in the case of only one of his machines has he attempted to secure a massage movement. Indeed, several trained masseurs form a part of staff his Institute in Stockholm.

So far as I have been able to learn, from observation and reading, the best massage technique is that which has been developed by Mezger and his pupils. This includes only four manipulations, viz: 1. *Effleurage*, or stroking, made with varying degrees of force by the palm or radial side of the hand, and nearly always in a centripetal direction,

2. *Pétrissage*, or kneading, as when a muscle, or group of muscles, is raised from its ordinary position as fully as its attachments and fascia admit, and subjected to the transverse pressure of the hand or hands by which it is grasped. 3. *Massage à friction*, or Mezgerian friction, which consists of strong, circular rubbing, superficial or deep, as the case may demand, with the finger tips of one hand, alternating with strong, centripetal stroking, by the palm or radial side of the other hand. This form is of especial use in massage of the joints. 4. *Tapotement*, which comprises blows or strokes given by the flat hand, by the ulnar edge of the hand, the fist, the ends of the fingers, etc. Some manipulators make use of various instruments, such as Klemm's muscle beaters and the like, but most employ only the hand. As a rule these manipulations are made in the direction of the return currents of blood and lymph, *i. e.*, towards the heart. It is difficult, or well nigh impossible, to give a satisfactory description of the technical movements employed in massage. I have described them above in very general terms, which may serve to indicate their main features.

The art of massage can only be learned by observing and following the example of an expert. It can be mastered by any person of ordinary intelligence who is possessed of reasonable strength, endurance and manual dexterity in a month or two. Like any other sleight of hand, it must be learned through personal teaching and practice. Printed descriptions, even when supplemented by copious illustrations, are of little use to a beginner. The best technique, according to my observation, is that taught by S. von Mosengeil, Professor of Surgery in the University of Bonn, which may be characterized as a form of the Mezgerian massage, Mosengeil being Mezger's most prominent pupil. Mezger no longer receives pupils, but Mosengeil makes a practice of doing so. Mosengeil's technique is superior to any I saw in use in Sweden, being characterized by a more careful regard to the position of the fasciæ, lymphatic vessels and glands, the direction of venous trunks, and the position of bony prominences in the parts manipulated. It is methodically varied and regulated, moreover, according to the part of the body requiring manipulation. Of course every expert masseur follows certain methods of his own in minor matters. The technique of massage has not been so fully developed in this country as in Europe, where localized massage, *e. g.*, eye massage, neck, abdominal and pelvic massage, has received much more attention than with us. On the other hand, general massage, for tonic purposes, as introduced by Dr. Weir Mitchell, is more frequently employed in this country and England than on the Continent. As the number of physicians who make a specialty of giving massage is vastly greater on the other side of the Atlantic, one naturally finds more scientific and refined methods in vogue there than here. Those who desire a more detailed account of the technique of massage should consult the publications of Mosengeil, Reibmayr and Gerst, in German, of Berghman and Helleday and Kleen in Swedish; and of Mitchell, Douglas Graham, Dowse and Murrell in English. Murrell's book has been translated into French, and a portion of Graham's useful work has recently appeared in Swedish.

Kleen affirms that, though massage and gymnastics have many points in common, and are frequently made use of simultaneously and by the same persons, in concrete cases the difference between the two methods of treatment is so evident, that one can scarcely fail to apprehend it. "For example," he says, "we can massage an exudation or a hæmatoma, because they are, at least in a certain sense, soft tissues. But one cannot gymnasticize them, since, not being organs of movement, they cannot, properly speaking, be exercised. A muscle, on the other hand, can both be exercised gymnastically and massaged. In the first instance, the muscle acts and is treated as an organ, in the second as a tissue. Neither the fact that massage, by removing an infiltration, heightens the functional power of a muscle, and so far forth has the same

aim and effects as gymnastics, nor the fact that the use of gymnastics simultaneously with massage facilitates the removal of an infiltration from a muscle, forbids, in the slightest degree, the sharp discrimination of the two methods of treatment. * * * The only right way is to hold fast to the difference between massage and gymnastics, and so point out that the two are parts of mechano-therapy."

Dr. Mezger, formerly of Amsterdam, now of Wiesbaden, has devoted himself assiduously to the special practice of massage for perhaps twenty-five years. It is sometimes said that he began as a gymnast. Be that as it may, his fame and practice have been built up since he became a physician. It is his custom to employ an assistant physician to examine patients, but not to give massage. His treatment, which in many cases is repeated twice or more in a day, seldom lasts over fifteen or twenty minutes at a time. From prudential or other reasons he has done but little teaching, and less writing. So far as I can discover, he has published but two papers, one on *Distorsio pedis* and the other on the mechanical treatment of *Teleangiektasis*. The latter is to be found in Langenbeck's *Archiv* for 1872, page 239. Despite his rather secretive attitude, and shrewd business ways, he has a high reputation in European professional circles as an acute and extremely skillful specialist. He seems to have been the first physician in Europe to demonstrate to his fellows the value of massage in promoting the resorption of extravasations and infiltrations from muscles, tendons and joint-capsules, in cases of contusions, sprains, and the like. The main principle of his school is this: that the best means of overcoming stasis in the venous and lymph streams, and of promoting the removal or resorption of organized or partially organized exudations and the like is found in the application of mechanical force to the injured tissues through effleurage, friction, or kneading. The anatomical warrant for such proceedings is found in the relation of the veins and of the lymph spaces, canals and vessels to the fasciæ, tendons and intramuscular spaces.

Numerous experiments have been made to determine the physiological effects of massage. Mosengeil's experiments (described in his paper before the Congress of German Surgeons, in Berlin, in 1875), were among the first. Mosengeil injected various joints of rabbits with a solution of India ink. Massage was made in certain of the injected joints; the other joints he let alone. The swelling which followed the injection disappeared much more quickly from the massaged than from the unmassaged joints. On killing the animals and examining their joints, those which had been massaged were found devoid of ink, while the synovial fluid of the untreated joints contained much ink. A comparison of the connective tissue of the thighs showed black deposits somewhat widely spread in the massaged limb which were totally lacking in the other. Ink was also found in the intermuscular connective tissue of the crural and sub-crural muscles of the massaged limb, and also in the lymph vessels and glands of the same, while there was no ink discernible in corresponding places in the untreated limb. Mosengeil likens the mechanical effect of massage upon the venous and lymph streams of a muscle or limb to that of a pressure and suction pump combined. Lassar showed, in the dog, that, when a glass tube was fastened in the large lymph trunk which accompanies the vena saphena, there was no flow of lymph from the tube so long as the paw of the limb operated upon was suffered to remain at rest. When the paw was subjected to passive movement, or its muscles were artificially stimulated to contract, a considerable flow of lymph took place from the tube. A similar result followed if, while the paw was left at rest, the limb was subjected to centripidal stroking and kneading. Kleen has shown that, in the rabbit, massage applied directly to a denuded limb causes a lowering of general blood pressure; while massage of the skin alone causes an increase of blood pressure.

An increase of temperature in a part of the human body subjected to massage has been shown by Weir Mitchell, Zabludowsky and others. Perhaps the

most comprehensive series of experiments on the physiological influence of massage, are those made by Zabludowsky in the Physiological Institute of the University of Berlin, and reported by him in the *Centralblatt für die Medicinischen Wissenschaften*, 1883, No 14. In general he found that the muscular power and "vital functions" of the person experimented on were increased by general massage. In the case of a frog's muscle, which had been exhausted by a maximal induction current, he found that massage of the muscle was much more efficacions than rest in bringing about a restoration of its contractility. Similar effects were observed in exhausted human muscles. The experiments of Reibmayr, of Vienna, on rabbits, showing the considerable and favorable effect of abdominal massage upon the resorptive power of the peritoneal cavity, should be mentioned in passing. In short, we may say that massage has an important influence in restoring normal activity in the circulation, in increasing metabolism, in forestalling or diminishing localized hyperæmia and inflammation, and affords, perhaps, the best means of bringing about the resorption of pathological products which can, without injury to the tissues, be returned to the channels of the circulatory system.

On the other hand, massage is contra-indicated in all parasitical and infectious diseases; in most diseases of the skin, and in those diseases in which the products of inflammation are likely to have pernicious effects on the tissues. Of course, massage is contra-indicated in the case of open wounds or an abraded skin. Massage, according to the best authorities, should be given upon the naked body; not through the clothing. Many use vaseline, lard, or some other ointment, but the dry hand is generally preferable I think.

Massage won its first triumphs in cases of contusion, sprains, and various forms of synovitis. In 1873, Berghman and Helleday, who had recently returned from Amsterdam, gave an account of Mezger's methods and results before the Stockholm Association, of Physicians. In 1876, Berghman published an account of 145 cases of acute traumatic joint affection that he had himself treated by massage alone. Of the injuries treated 70 were of the ankle joint, 8 of tarsal joints, 10 of the wrist joint, 6 of fingers and toes, 41 of the knee, 5 of the elbow, 2 of claviculo-acromial joint, and 3 in the humero-scapular joint. "In no single case," he says, "did I fail to effect a cure." Berghman attacks the so-called antiphlogistic treatment of sprains and acute synovitis, contends that massage should be employed instead of immobilization and cold applications, and that the patient should be urged to resume moderate use of his joint immediately after the first massage sessions, which should take place twice daily. In 104 of the cases alluded to, treatment began within 4 days after the injury occurred. The average number of times massage was given in these 104 cases was 12.44. In other words six days and a half sufficed in which to effect a cure. In 41 cases which were of 5.8 days standing when the massage treatment began, treatment was necessary on the average for 8½ days, the average number of massages being 17.60. Berghman reports, for the sake of comparison, that 38 cases of chronic synovitis which had gone from 9 to 90 days before treatment began, had required 22.3 days of massage treatment. In 1878, Dr. Edvald Johnsen of Copenhagen, published an account of 228 cases mostly of joint diseases which he had treated in the course of three years by means of massage. I content myself with his report regarding his cases of synotitis.

	Cured.	Improved.	Unimproved.	Total.
Synovitis serosa acuta,	5	—	—	5.
Synovitis serosa chronica,	34		—	43.
Synovitis hyperplastica,	55	30	4	89.
	94	39	4	137.

Reibmayr, in the fourth edition of his *Massage and its Value in the Different Branches of Practical Medicine*, Vienna, 1889, states that he has compiled the statistical reports of a large number of prominent surgeons in regard to the time required to relieve sprains and trau-

matic joint inflammation by the ordinary method, and by massage. He does not give the total number of cases tabulated, but his result is as follows: average length of treatment by ordinary means 23.7 days, by massage treatment 8.9 days showing a difference in favor of the latter by 14.8 days.

The following extract from *Die Pathologie und Therapie der Ge-lenk-ent zünd-ungen* 1887, by Prof. Max Schüller of Berlin, may serve to show the place which massage has gained in the treatment of joint diseases. "Massage is conducive of good results in fresh injuries of joints, where there is contusion, sprain or the effusion of blood In all acute fresh inflammations of the joints, in my judgment massage is out of place. In gouty inflammations it is completely useless, and contra-indicated ; also in chronic joint affections, so long as the more intense inflammatory symptoms are present. It should also be omitted in the tuberculous or syphilitic affections of the joints, so long as the charac teristic tuberculous or syphilitic tissue changes are present. In chronic rheumatic inflammations, in cases of *Arthritis deformans* complicated with marked thickening of the capsule I have oftentimes seen most excellent results from massage. It can moreover, be of service in many of the previously mentioned inflammations of the joints, if they are nearly healed, this period of after-treatment is by far the most favorable time for beginning treatment by massage. At this stage, massage by an expert, combined with passive movements and well chosen forms of bathing, is the most appropriate and effectual means to do away with lingering inflammation, to remedy cicatricial shortening of capsules, to restore power of motion to a joint, and to strengthen the musculature. It is also in place after the cure of joint inflammations which have been treated through operative measures, wherever it is possible to restore the power of motion. In regard to the application of massage, I hold that it is desirable either that the physician should give it himself or strictly control its administration. In no class of cases do professional non-medical masseurs do so much damage, or so little good as in joint affections.

It is my purpose, in this paper, to indicate in a general way only the uses which are made of massage where it is best understood by members of the medical profession. I therefore forbear altogether from considering single cases, either those I have seen or read of. If you will take the trouble to examine two representative text books, such as those of Flint and Strümpell for instance; you cannot fail to be struck with the tone of assurance and familiarity with which the latter recommends the use of massage or gymnaatics, when speaking of treatment. Flint seldom recommends either, except in a vague and general way, though "hygienic measures" "exercise", and "out of door life" are favorite prescriptions with him.

Want of space forbids my undertaking even the most general description of many well approved forms of special massage, which have been developed to serve in the treatment of sciatica, migraine, constipation, paralysis, conjunctivitis, and a variety of other diseases. It is worth noting that massage has attained its present wide recognition and comparatively dignified standing in Sweden, Germany, and Holland, very largely from the fact that it has been studied and practised by medical men to much larger degree than elsewhere, and has not been left to nurses, bath attendants,and quacks as theire special province.

A word as to the amount and variety of the literature on massage. On analysing the titles of 351 books and articles relating to massage in whole or in part, I find they may be arranged as follows:

Titles of a General Nature, on Massage	89
Relating to Massage of the Eye	55
Relating to Surgical uses of Massage	52
Relating to Massage in Nervous Diseases	50
Relating to Gynæcological Massage	47
Relating to Abdominal Massage	17

Relating to Massage of Genito-Urinary Organs.....7
Relating to Baths and Massage.....8
Relating to Massage of the Ear.....3
Relating to Miscellaneous Uses of Massage.....23

351

The nationality of the writers was as follows: Germans 183; Scandinavians 50; Frenchmen 47; English 34; Americans 24; Dutch 4; Italian 4; Russians 3; Poles 1; and Turks 1.

Of the 351 books and articles, more than four-sevenths were printed since 1879. The greatest number of titles for any one year was 36 for 1886, with 30 titles for 1887 and, 33 for 1883. My lists for 1888 and 1889 were clearly incomplete, however.

III. — DISEASES OF THE PUERPERAL PERIOD. HÆMORRHAGE.*

BY WILLIAM S. GARDNER, M. D.,

Lecturer on Obstetrics in the College of Physicians and Surgeons, Baltimore.

Hæmorrhage: — Hæmorrhage after labor comes either from the interior of the uterus or from lacerations of the cervix, vagina or perineum. In every case of hæmorrhage coming on after delivery a careful vaginal examination must be made to ascertain its source and cause. By all means the most common of the severe hæmorrhages subsequent to labor come from the interior of the uterus. They may appear at any time, from a few minutes to several days after confinement.

Relaxation of the uterus is the most frequent cause of hæmorrhage that occurs in the first few hours of the puerperal period.

The influences that predisposed to relaxation have been mentioned under general etiology. Hæmorrhage from this cause comes on quickly, without warning, and the quantity of blood lost in a few moments is often appalling.

A few years ago a woman was confined at the Maternité. There was nothing unusual about the labor. When it was completed I asked an assistant to place his hand over the fundus of the uterus and see that it was kept contracted while I washed my hands. I scarcely had my hands in the water when, glancing at the patient, I saw that she was very pale, and that there was evidently something wrong. Stepping quickly to the bed, I raised the covers and saw issuing from the vagina an alarming volume of blood. Passing my whole hand into the uterus, that organ contracted promptly and the bleeding stopped permanently. The patient lost at least a quart of blood. This case illustrates how quickly these hæmorrhages may come on, the quantity of blood lost in less than a minute, and the effect of simple but prompt treatment. The rapidity with which these patients lose blood is their most alarming feature. It is scarcely possible to convey an idea of the blood-flow without using terms that at least approach the absurd. It is a common thing to hear a physician say of one of these cases, "she had a stream of flood flowing from her as big as my wrist." When you realize how rapidly these women lose blood, you will understand how a hæmorrhage from this cause can be so quickly fatal, and also the grave responsibilities resting upon the attendant. It is a well known fact that some physicians have post-partum hæmorrhage from this cause repeatedly in their practice, while other physicians with the same class of patients do not have it. This fact points evidently to the difference in the precautions taken by the two classes of physicians to prevent this dangerous accident.

Treatment:—The quickest and most efficient thing to do in hæmorrhage from relaxation is to pass the whole hand at once into the uterus.

The presence of the hand is sufficient irritation in nearly all cases to cause immediate contraction of the uterus, in

*Saturday Lecture at the College, April 12, 1890.

this way compressing the vessels and stopping the hæmorrhage. When this means does not at once cause efficient contraction, the hand and wrist act as a plug, preventing any great loss of blood until other means for stopping the flow can be brought into requisition. I have put this means of stopping the hæmorrhage first because it is the thing that should be done before you even think of other measures.

I have so frequently called your attention to the fact that gentle friction or kneading of the fundus of the uterus is one of the very best methods of exciting uterine contractions, that it goes almost without saying that it is of great value in the treatment of hæmorrhage due to relaxation. This method can be used not only alone, but in conjunction with all other methods of promoting uterine contraction. While one hand is in the uterus, the other can be used upon the fundus.

Many of the older authors put much dependence in the binder as a method of exciting uterine contractions; but it is not sufficiently reliable to be depended upon, while it covers up and renders it impossible to observe the uterus as closely as should be done.

The injection of hot water into the uterus with a Davidson syringe is of great value as a means of checking this form of post-partum hæmorrhage, both on account of its efficiency and the readiness with which it can be used. The water should be as hot as the hand will bear. The nozzle of the syringe should be carried well up into the uterus and the water injected freely. These methods of controlling hæmorrhage due to relaxation are so efficient that so far I have never had occasion to use any others.

Ergot is of little value in checking bleeding from relaxation, because it requires at least ten minutes for it to act when given hypodermically, and longer if given by the mouth—a time more than sufficient for the woman to bleed to death. But after the flooding is stopped a hypodermic injection of xx to xxx minims of the fluid extract, or an equivalent dose of some other soluble preparation should be given as a precaution against recurrence of the relaxation. The injection is best made into the lower and outer side of the thigh. If the needle be put straight in to its full length there is no need to fear abscesses or other ill results.

Compression of the abdominal aorta will control, at least temporarily, severe hæmorrhages from the uterus, and can be used to gain time for putting into practice other more permanent remedies.

The objection that the compression does not affect the ovarian arteries is of slight significance when we take into consideration the indisputable evidence that pressure exerted through the lax abdominal walls upon the aorta does cause the bleeding to cease. Baudelocque was an advocate of this method, and states that in this way he succeeded in checking a number of otherwise uncontrollable hæmorrhages. Frankenhauser thinks that the effect of the pressure is really due to the stimulation of the aortic uterine plexus of the sympathetic. Pieces of ice passed into the relaxed uterus will cause it to contract. Or a handkerchief, sponge or soft rag soaked in vinegar and passed into the uterus and there squeezed out is recommended by many physicians to bring about the same result. Both ice and vinegar have the advantage of being prompt in their action, comparatively harmless, and sometimes available.

A faradic current passed through the uterus either by placing an electrode over the fundus and one inside the uterus, or both on the outside, will cause prompt uterine contractions, but it is so seldom that a battery can be had when needed for this purpose that its usefulness is scarcely worth the discussion.

Lusk devotes considerable time and space to the description of the use of styptics, particularly the perchloride of iron and Monsel's solution, but says, "since the introduction of hot water injections as a reflex excitor of uterine contractions I have never found it necessary to resort to their use." Engelmann introduces a speculum and swabs out the uterus with wads of cotton soaked

in perchloride of iron. A great objection to the use of iron in these cases is that it causes clots to be formed which are liable to be dislodged and cause a recurrence of the hæmorrhage.

Retention of a portion of the placenta is a fruitful source of post-partum hæmorrhage. After relaxations of the uterus this is the most common cause of such loss of blood. The hæmorrhage may come on at any time from a few minutes after delivery to a month. It is a very common cause after abortion, because the partially developed placenta is more difficult of removal than is the placenta at full term. When a portion of placenta remains in the uterus after an ordinary labor, it may be due to some unavoidable cause, but in the great majority of cases it remains there on account of the carelessness of the attendant. By carefully examining the placenta and membranes after their expulsion the physician can almost invariably tell whether they are complete; and where there is a doubt the cavity of the uterus should be explored by the hand. The hæmorrhage in these cases seems to be due directly to the partial detachment of the fragment, and the inability of the uterus on account of its presence to firmly contract and close the bleeding vessels.

Treatment :—In these cases it is hardly worth the while to discuss ergot, styptics or other means of controlling hæmorrhage from other causes. The indications here, to remove what has been retained, are perfectly plain. The method to be employed depends upon the extent to which the internal os has contracted, when the presence of the fragment is discovered.

If the hæmorrhage occur soon after labor, the hand, or such part of it as is necessary, can be introduced into the uterus and the fragment scraped off with the fingers. If the bleeding should not occur until several days after labor have elapsed, the internal os will usually be found so contracted that the hand or even the finger can not be passed into the uterine cavity. In these cases the dull curette can be used to excellent advantage. If the internal os has so far contracted that it is not possible to use the curette through it, the woman should be put under chloroform; the os dilated by Goodell's dilators to a size sufficiently large to admit the curette readily, and the offending portions of placental tissue removed. Upon the removal of the retention the uterus contracts promptly and there is no further hæmorrhage.

Retention of a part of the membranes will cause hæmorrhage after labor in some instances. Bleeding from this cause usually comes on about one week after delivery, though it may come earlier than this, or be delayed for two or three weeks. The following is a typical case from this cause.

Case 995, was delivered by forceps; low operation. Sufficient care was not taken in removing the membranes and a piece was left in the uterus. On the eighth day a blood clot about the size and shape of a large pear was expelled from the uterus, and on the next day another similar clot was passed and with it a piece of membrane about one and one half by three inches. After the membrane came away there was no further bleeding.

Hæmorrhages from this cause are by no means common, and the quantity of blood lost is seldom enough to endanger life. Small pieces of membrane are often left in the uterus and give rise to no trouble whatever. But the fact that they do sometimes cause hæmorrhage is sufficient reason for great care to be taken in their removal.

Treatment : — The treatment of hæmorrhage from this cause is practically the same as that for retention of placental fragments. The pieces of membranes should be removed at once. This can be done most easily and certainly by the dull curette. After the retained membranes have been extracted, ergot may be used, though it is seldom necessary.

Dislodgement of clots from the placental site may be a cause of hæmorrhage. The clots may be dislodged by sudden increase of the blood pressure, or by the patient making some unusual muscular exertion before the vessels are completely occluded by organization of the clots formed in them. It may come

on at any time within the first two weeks from date of delivery. The quantity of blood lost is often quite large and numbers of fatal cases of hæmorrhage from this cause have been recorded.

Treatment: — Hæmorrhage from this cause can, as a rule, be controlled by gently kneading the fundus of the uterus and in this way cause efficient contraction. This should in all cases be supplemented by the administration of ergot at least as often as every two hours. The habit of giving ergot every four or six hours is a bad one. When the drug is indicated at all its constant action, not an intermittent action is what is desired. The action of ergot without reference to the size of the dose lasts only a little over two hours, and when the interval between the doses is too long, the uterus is only under its influence a part of the time instead of constantly as it is desired that it should be.

Packing the uterus with iodoform or other antiseptic gauze has been practised successfully in these cases. The gauze not only forms an obstruction to the flow of blood, but also causes firm uterine contraction, which is nature's method of controlling hæmorrhage from the puerperal uterus.

Hæmorrhage from laceration of the cervix, while not occurring frequently may be very profuse. A case of this kind was recently mentioned by a well known obstetrician of this city. He was called in consultation and when he arrived the hæmorrhage had been going on for some time. The quantity of blood lost could not be measured accurately, but was very great; it had saturated the bed clothing and mattress, and stood in pools upon the floor. The uterus was firmly contracted, but the bleeding still continued. The consultant tamponed the vagina with a towel and the patient recovered.

When we consider the frequency of lacerations of the cervix it might be expected that bleeding from this source would be much more frequent than it is: that it does not occur is no doubt due to the fact, that that portion of the cervix which is most frequently torn, is not so abundantly supplied with blood vessels as other parts of the uterus.

Treatment: — Post.partum hæmorrhage from this cause affords one of the few conditions in which tamponing of the vagina is justifiable. The tampon should be resorted to only when the hæmorrhage is very profuse and uncontrollable by all other available means, and when the uterus is firmly contracted. Anything in the way of clean rags or a towel, that can be had, can be used to tampon with. Ergot should be administered every two hours to assist the uterine contractions, and thus prevent so far as possible, any tendency of the blood to accumulate in the cavity of the uterus and distend it. A competent person should be in attendance constantly to see that the uterus dees not fill up with blood; for it is possible for a woman to bleed to death into her own uterus.

Pallen has advocated immediate suturing of the laceration with silver wire, and his plan has been followed by quite a number of obstetricians with success. Injections of hot water, applications of Monsel's salt or a solution of it on cotton or a solution of the chloride of iron can usually be relied upon to control these cervical hæmorrhages, and are safer than the tampon.

Flexions and Displacements of the uterus sometimes give rise to hæmorrhage. Hæmorrhage from these causes do not, as a rule, take place until after the patient is out of bed; though where the displacement is due to an over-distended bladder or other mechanical pressure outside the uterus, the bleeding may come on within a few days after delivery.

In all cases the blood comes from the placental site, and is due to obstruction of the venous circulation in the uterus.

Treatment: — If the displacement is due to a distended bladder, the catheter affords ample and ready relief; or if the rectum is loaded with feces, an enema should be given at once.

In acute flexions the patient must be kept in bed until involution is so far advanced that there is a probability that the flexion will not again occur when the patient rises. If there is a tendency to recurrence of the flexion, a properly fitting pessary should be adjusted, before the patient is allowed to be on her feet

Styptics and ergot are rarely called for in these cases. It was long taught and still believed by many, that ergot has a good influence on the sub involution always present in these cases; but of late years there has been much doubt thrown upon the belief, that ergot promoted involution.

Inversion of the uterus, while it is a rare cause of hæmorrhage, sometimes causes such a loss of blood that it is fatal to the patient. The inversion in a very large per cent. of the cases is due to traction on the cord, either because it is short, or in efforts to extract the placenta. The hæmorrhage from this cause is at times very profuse; in other cases the patient is gradually exhausted by small but continuous losses of blood. There should be no difficulty experienced in recognizing the inversion. The uterus is often prolapsed, and in these cases the bare uterine mucous membrane can easily be recognized by sight; If there is a doubt, the fact that the finger or a probe will pass up on all sides but for a short distance, and that no uterine cavity exists is enough to settle the diagnosis. The only thing that can be mistaken for it is a fibroid polypus; and even this mistake is not likely to occur if the examination is made soon after labor.

Treatment :—The only rational treatment consists in the replacement of the inverted uterus. This can usually be done, if the attempt is made soon after delivery, by pressing the inverted fundus upward with the fingers or the closed fist, while counter-pressure is made through the abdominal wall. The subsequent treatment is the same as in cases of extreme relaxation.

Fibroids of the uterus may cause hæmorrhage at any time, but they are especially apt to do so after labor. The submucous fibroids and those growing from a pedicle, give rise to the most trouble. The hæmorrhages caused by their presence may come on at any part of the puerperal period. The flow of blood is less in volume, but more continuous than that caused by relaxation or the dislodgment of clots. The diagnosis can usually be made quite easily by digital examination, when a smoothi round tumor is found within the uterus.

Treatment :—Ergot administered so as to keep the uterus firmly contracted will, as a rule, control hæmorrhage from this cause. But in the cases due to the presence of a polypus it is often necessary to remove it before the hæmorrhage can be controlled. The pedicle of the polypus can be cut through and a piece of cotton saturated with some styptic applied to the stump.

Hæmorrhage from laceration of the perineum and vagina may be either venous or arterial. Usually the quantity of blood lost is quite small, but occasionally it is so large as to be dangerous to life. That hæmorrhage from this cause does not occur more frequently is no doubt due to the retraction of the torn vessels and the arrest of bleeding by the natural method.

Treatment :—Hot water and a little pressure will in most cases be all that is required to control hæmorrhage from this cause. If these are not sufficient, stitching up the laceration with silver wire or silk sutures will control it. Taking up each bleeding vessel and tying it separately is not only often impossible, but unnecessary.

Rupture of the bulb of the vestibule should always be borne in mind as a possible cause when the hæmorrhage continues after the uterus is firmly contracted. It is a rare cause, but the flow of blood may be very profuse.

Treatment :—On account of the vessels here being so numerous it is not practicable to attempt to tie them separately. The best method of controlling the hæmorrhage is to put in a number of deep sutures and bring the laceration firmly together. Styptics may be used effectually here, but on account of their after-effects they are always objectionable.

Winckel states that a large per cent. of women, if examined carefully will be found to have a slight hæmorrhage soon after rising from bed. The amount of blood lost may not be enough to make its appearance externally, but examination with the speculum will reveal it and ts source.

Barker and Playfair mention cases of post-partum hæmorrhage attributed to emotional causes. The mental shock being the direct cause. Prof. Barker says of one case, "I have never seen a patient recover from so fearful a hæmorrhage.

General Symptoms of Hæmorrhage:— When the blood being lost from any of these causes shows externally, it is of course a simple matter to diagnose post-partum hæmorrhage; but when the blood collects in the cavity of the uterus or in the vagina, attention will be attracted to it only by the constitutional signs of hæmorrhage. These are the same as for bleeding from any cause. The face is pale; the eyes have a glassy appearance, the patient complains of a dimness of vision, of noise in the ears, and of vertigo, or as she often expresses it "a queer feeling in the head;" if the hæmorrhage is very severe there may be loss of consciousness; the pulse is small, soft and rapid; the respiration is hurried; the skin is cold pale and covered with prespiration.

These symptoms come on the more severely, the more rapid and profuse the flow. A relatively small quantity of blood lost quickly will cause more marked symptoms than will a larger quantity lost slowly. If the blood collects in the uterus, which is the most common place, it becomes large, soft and difficult to outline, and may become so distended as to reach nearly to the size it was before labor. The vagina is less frequently the place for the collection of blood in quantities to be dangerous to life. The only method to detect the collection here is by digital examination.

Anemia: — If the patient has lost much blood, the head should be lowered and the limbs elevated. It is sometimes advisable to bandage the limbs to keep as much blood as possible in the head and trunk. Hot bottles should be placed about the patient and cardiac stimulants administered.

These are cases where transfusion would naturally be expected to bring about good results; but the difficulties of accomplishing the operation are considerable and the results unsatisfactory. Prof. Thomas recommends the transfusion of milk instead of blood and reports cases illustrating his success with the operation.

After the heart's action is somewhat improved, the administration of fluids by the mouth can be begun. Small quantities of warm whiskey and water or milk should be given frequently, until the tendency to vomit is overcome, when the quantity can be increased.

Subsequently, the patient should have iron and such other tonics as in the judgment of the physician are best suited to the case. Milk every two hours and easily digested foods should be given in as large quantities as the stomach will digest.

A PANCREATIC CYST.

Dr. Filipoff reports in the *Khirurgicheski Vestnik* a case of pancreatic cyst occurring in Professor Grube's clinic in Kharkoff. The patient was a woman of sixty-five years of age, who had observed the existence of a tumor in the epigastrium for about three years. It was only however, during the last five months that it had occasioned her much inconvenience. During this time it had increased considerably in size, and had given rise to dull aching, with occasional attacks of violent pain, dyspnœa, and vomiting. She had also become very thin. When admitted, the tumor was found to be as large as a man's head, and freely movable. It could be plainly separated from the liver, stomach, and spleen, and was diagnosed as either a pancreatic cyst, or a retention tumor formed in the omentum. On an incision being made, a dark-brown fluid of alkaline reaction poured out. It was found that the cyst originated from the head and part of the body of the pancreas. Part of the external cyst wall was cut away, and the remainder stitched to the abdominal parietes. The patient left the hospital cured in eighteen days.

—*Lancet.*

Dr. Herbert Harlan and Miss Carrie Cator were married last Wednesday at noon.

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BALTIMORE, APRIL 26, 1890.

Editorial.

THE NOTIFICATION OF CONTAGIOUS DISEASES.

The new health ordinance requiring certain additional diseases to be reported to the Health Office is an excellent provision, intended as it is to check the spread of disease, but the manner in which some of the minor parts are carried out is not an unmixed blessing.

This is our correspondent exemplifies in the visit of a thoughtless inspector who undoubtedly in this case did more harm than good.

One thing the Health Office may be certain of: the physicians of Baltimore are willing to conform to any laws that will lessen disease, but they do not care to have inspection carried out by men with intelligence too far below their own. The trouble of reporting diseases, as birth and death, is not great, and although a few have suggested that physicians be paid a nominal fee for this service, still the majority are perfectly willing to do it without compensation, particularly as the Health Office furnishes printed blanks, postal cards, envelopes, etc., free.

In many cases, however, the physician is in an unpleasant predicament. If the case is a light one, as in the case instanced, the visit of an inspector, especially like the one mentioned, is apt to cause consternation, and physicians having practice in the good families will probably prefer to risk a fine rather than to incur the displeasure of the householder, who is apt to blame the physician. If the case is a severe one, the anxiety and care is sufficient, without having an inspector to proclaim the malady to the neigeborhood. It would be a much better plan if the householder or head of the house were obliged to do such reporting to the Health office.

A former city councilman once introduced a resolution that all inspectors should be compelled to wear a large yellow badge with the word "contagious" in large letters of black, and that such man be prohibited from riding in the cars or going to public gatherings.

It would not be out of place if some readers would express their opinions on these subjects.

THE ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

Up to present writing the meeting of the State Faculty this year promises to

equal if not exceed in value the work of former years. The addresses were fully attended, the sections will all report, and volunteer papers are announced.

The out-of-town representation is greater than usual, and the outlook for an increased membership so good that probably the Society will be increased one-third in size by the addition of not only young men and active workers, but some of the older and better known members of the profession have yielded to the influence of this Society and come in. As to the actual result of the work done, little can be said now, but the publication of the transactions in a later issue of the JOURNAL will show just what has been done.

THE MEDICAL BILL IN JEOPARDY.

A statement has appeared in the daily press to the effect that Governor Jackson had determined not to sign the bill recently passed by the General Assembly of Maryland, entitled "An Act to Regulate the Practice of Medicine in Maryland, etc." The reasons for this arbitrary assumption of executive power are not stated, and we are led to infer that His Excellency, the Governor, having closed the case, positively refuses to reopen it. Whatever be the influences which have been brought to bear upon his Excellency's mind, they have received such consideration as to have determined his course of action, notwithstanding the fact that the most abundant evidence has been presented to him to show not only the justice and perfect fairness of this Bill, but the great necessity of its becoming a law. It has been shown beyond doubt that not only the medical profession of this State demands this law, but that it is a public necessity.

That a Bill so carefully considered by the members of the General Assembly of the State, and passed by that honorable body, should thus be singled out by Governor Jackson for his disapproval is a singular circumstance, to say the least. There might be some palliating circumstances in such a course of action were it possible to show any injustice or unconstitutional power concealed by the Bill, but such does not appear to be the fact. We incline to the opinion that it is a mere arbitrary act of executive power, simply exercised out of deference to certain semi-professional and personal influences which have greater weight than the combined wish and authority of the medical profession of this State. It is not too late to hope that Governor Jackson may yet be brought to see the untenable position he has assumed before a large and intelligent class of citizens in this State who may not only hold him, but his party, responsible for his opinions and actions. The medical profession of Maryland may not represent a very large numerical force, but it does represent a very influential and strong political influence. That it will make this influence felt in condemnation of the course of the present Governor of this State is quite apparent if any confidence is to be placed in the unsparing criticisms which have been offered in disapprobation of his Excellency's arbitrary action. When the Chief Executive of the State lends his ear to a few personal followers and time servers and flagrantly ignores the wishes and demands of the great majority of physicians in the State, he should be reminded that his action is illogical, unjust and partisan, and that he will be held at the bar of professional opinion to strict accountability for the same. Whether in his exalted position he can be reached by such opinions we venture not to say. Time will determine this point.

Correspondence.

THE NOTIFICATION OF CONTAGIOUS DISEASES.

Editor Maryland Medical Journal:

Dear Sir:— The "Ordinance to protect Public Health" as amended by the City Council, according to which measles whooping-cough, pseudo-membranous croup and mumps are to be added to the list of diseases to be reported, may be a very proper one, but the manner of its execution is not faultless.

A physician was called to a case which he pronounced scarlet fever of a very mild type, but of course none the less contagious. He promptly had the patient put on the top floor in an airy room and detailed *one member only* of the family, to act as nurse, giving this attendant directions to wear a light linen cover over her dress and hair before she entered the sick-room, and to take it off just outside the door; also to have as little to do with the rest of the family as possible. To avoid frightening the others in the house, the nature of the disease was kept quiet, as it was so very slight in its form. Then this conscientious and law-abiding physician proceeded to inform the health office "within twenty-fours hours." The result was the visit of an inspector who was pronounced by the head of the house as being exceedingly polite but possessing very little tact. For, on his approach it so happened that the landlord with two workmen, was superintending some repairs to the front of the house, and it being a pleasant day, neighbors were in sight and hearing, and several children were about. Instead of ringing the bell and quietly communicating with the head of the house, this intelligent inspector asked (in a loud voice) if a case of scarlet fever was in this house. This question was asked in such a way that it reached the ears of several for whom it was not intended. Very soon the head of the house came and told him that there was a case of scarlet fever there, and that due precaution, according to the laws of the city, had been taken. Meanwhile, the householder *blessed, in his mind*, the health office, for exposing the secrets of his house.

I am sure it is only necessary to call our excellent health officer's attention to this occurrence to ensure future visits by inspectors to be made in a quiet and orderly manner with that tact and respect due a law-abiding, tax-paying householder. Such occurrences do not encourage physicians to report light cases such as mumps or whooping cough, when not only are the inmates of a respectable family surprised by the visits of unskilful inspectors, but in case of death, are ordered to have the burial take place within twenty-four hours.

Yours Truly,

Robert T. Wilson, M. D.

OPERATIONS UPON THE PROSTATE.

Chicago, March 20, 1890.

Editor Maryland Medical Journal:

Dear Sir:—I am collecting, for publication, cases of operation upon the prostate, particularly those for the palliation or cure of the so-called prostatic hypertrophy. To this end I venture to presume upon your courtesy with the request for information concerning cases within your knowledge, where the operations named below or others designed to secure the same result, have been performed. If already published, a simple reference to the periodical will enable me to secure the information; concerning unpublished cases, I will be thankful for the following items:

Date; age of patient; previous use of catheter; complications (stone, etc.); nature of operation; immediate result; subsequent history; operator (reporter).

The operations about which information is requested are:

1. Supra-pubic prostatectomy.
2. Perineal prostatotomy.

3. Mercier's or Bottini's operation.

4. Incidental removal of portions of prostate in operations for stone, etc,

5. Institutions of artificial urinary channel in cases of prostatic obstruction.

6. Operations for malignant or tubercular disease of prostate or bladder.

7. Operations on seminal vesicles.

8. If supra-pubic operation, whether bladder wound was left open or sutured ; whether special incision for drainage was made ; to what extent bladder was distended or distensible ; whether rectal bag was used ; whether peritoneum was injured.

The source of information will of course in every instance be printed.

Realizing that the only apology for the trespass upon your time is an effort to present full data upon an important topic which should receive the attention of the surgical world, I am

Yours respectfully,

W. T. BELFIELD, M. D.

612 Opera House Building.

BALTIMORE MEDICAL COLLEGE.

Baltimore, April 17 ,1890.

Editor Maryland Medical Journal:

DEAR SIR :—In issue of JOURNAL of 12th instant, I observe you state in your editorial on "Bill to Regulate the Practice of Medicine in Maryland," that the Governor will probably not sign the bill "and this simply because the members of the faculties of some of the smaller schools, fearful that this law properly carried out, may deprive them of their occupation, and kill their schools, have been short sighted enough to influence a Governor who is not over strong in his own opinion and prevent the signature of the Bill &c."

In defense of the institution which I have the honor to represent, I beg leave to say that your *intimation* that *our faculty opposed* the *signing* of the bill, is both *unfair* and *untrue* and without any foundation.

Our school has *not* opposed the bill, but on the contrary, has, from the first *favored* its passage and signature.

As a Faculty we have done what I have not *heard* of any *other* Faculty in Maryland doing ; we have passed resolutions requesting the Governor to sign the Bill. The resolution in *favor* of the Bill was forwarded to the Goveruor, officially.

We object to being put in a false position before the profession of the State, with whom we are in perfect accord on all matters tending to elevate and improve the profession in Maryland.

Yours Truly,

DAVID STREET, M. D.,

Dean of the Baltimore Medical College.

Reviews, Books and Pamphlets.

The Pulse. By W. H. BROADBENT, M. D., Fellow of the Royal College of Physicians ; Senior Physician to and Lecturer on Clinical Medicine in the Medical School of St. Mary's Hospital, etc. Illustrated with 59 Sphygmographic tracings. Philadelphia : Lea Brothers & Co., 1890. Pp. vi–312. Price $1.75.

The pulse has always been considered an important guide to the condition of the patient, and has been observed for centuries, even before the discovery of the circulation, although, of course, its true significance was not appreciated until later. This little book, which is a reproduction of the Croonian Lectures on the Pulse, delivered by the author before the College of Physicians, in 1887, is full of very significant suggestions even for those who think they understand how to feel the pulse. In the section on History, several chapters from "Galen on the Pulse', are introduced, showing how observant he was and how little has been added to the study of the pulse since his day. The true value of the sphygmograph is given. The character of the pulse in the various valvular

lesions, the high tension pulse of Bright's disease, the pulse in nervous diseases, all are fully considered. This is a very valuable book from a well-known clinician, and worthy of careful study.

Food in Health and Disease, By I. Burney Yeo, M. D., F. R. C. P., Professor of Clinical Therapeutics in King's College, London, etc. Philadelphia: Lea Brothers & Co., 1890. Pp. x–583. Price, $2.

This is an exceedingly thorough book, no part having been neglected by the author and should be a practically useful guide to the study of the important subject of dietetics, It is divided into two parts; Food in Health, and Food in Disease, and all the various cures and diets are fully discussed, The author being an Englishman, has very naturally treated this from an English point of view, and this is particularly evident in some of the diet tables. With this exception, the book is very useful and should be read by the American physician, who usually pays too little attention to diet and pins his faith on drugs.

The Influence of Sanitation upon Obstetrical and Gynæcological Surgery. By Thos. A. Ashby, M. D., of Baltimore. Reprinted from the *Journal of the American Medical Association.*

The Dry Extra-Peritoneal Treatment of the Stump in Hysterectomy. Reprint from *Transactions,* 1889.

Pus in the Pelvis and How to Deal with it. Reprint from *Southern Surgical and Gynæcological Transactions,* Volume II.

The Porro Operation.

Analysis of Fifteen Months' Abdominal Work in the Gynecean Hospital, Philadelphea. By Joseph Price, M. D., of Philadelphia.

Vick's Floral Guide for 1890 has been received.

It is a very handsome book, and contains valuable information. It may be obtained by sending ten cents to James Vick, Rochester, N. Y., which amount will be reducted from first order.

Centralblatt für Nervenheilkunde und Pyschiatrie, Internationale Monatsschrift für die gesammte Neurologie in Wissenschaft und Praxis mit besonderer Berücksichtigung der Degenerations-Anthropologie. Herausgegeben von Dr, Albrecht Erlenmeyer in Bendorf, dem Begründer des Blattes, Prof. Charcot in Paris, Dr. van Deventer, in Amsterdam, Dr. Ireland in Preston-Lodge, Prof. Kowalewskij in Charkow, Prof. Lange in Kopenhagen, Prof. Lombroso in Turin, Prof. Obersteiner in Wien, Prof. Seguin aus New-York. Redigirt von Dr. Hans Kurella in Allenberg. Verlag von W. Groos, Königl. Hofbuchhandlung, (Kindt & Meinardus). Coblens u. Leipzig.

The above *"Centralblatt,"* the publication of which was stopped for a short time, will be continued as an international monthly. The first number which appears this month will contain as introductory among other good things, an article by Lombroso entitled "Les Progrès Récents de l'Anthropologie Criminelle."

Miscellany.

THE INFLUENCE OF SANITATION UPON OBSTETRICAL AND GYNECOLOGICAL SURGERY.

In a paper read by Dr. Thos. A. Ashby on the above subject before the American Medical Association, at its fortieth annual meeting, he drew the following conclusions:

1st. The doctrine that diseases of the puerperium and the pathogenic processes following surgical procedures are of bacterial origin is now universally accepted by scientific authorities. This opinion asserts the idea that diseases are of sep-

tic origin, that they are introduced from external influences and do not originate *de novo* in a given case. This view annuls the doctrine of spontaneous development of micro-organisms and traces their origin to antecedent conditions.

2nd. The acceptance of the doctrine of external origin of micro-organisms implies the necessity of preventing their cultivation and propagation before they have gained access to the human economy.

3rd. The science of sanitation has for its mission the destruction of micro-organisms and the prevention of all pernicious influences which would arise from their propagation.

4th. The principles of sanitation are entitled to the utmost consideration and enforcement in all methods of medical and surgical work. These principles insist upon the employment of every known means of preventing and of arresting diseased processes dependent upon bacteria by the removal of all conditions which favor the development and conveyance of such bacteria.

5th. The medical profession is now fully cognizant of the various agencies through which diseased germs originate and the numerous channels through which they are introduced into the human economy. It therefore becomes the solemn duty of the medical profession to give full support to the teachings and principles of preventive medicine and to advocate the fullest acceptance of such teachings and principles by the general public through regularly organized channels of public sanitation and through appeals to intelligent citizenship.

GROWING PAINS.

Dr. Comby, of Paris, has paid much attention to diseases incident to the rapid growth so marked as the limiting period between childhood and youth. He dwells at length, in an article published in the *Archives Générales de Médecine*, on "growing pains." These symptoms are hard to localise, but they always affect most markedly the lower limbs, which bear the weight of the body and the chief fatigue of walking exercise. Careful medical exploration proves that the seat of these pains is invariably at the extremities of the long bones, in fact, at the epiphyses and the line of cartilage between them, and the shafts of the bones. A true fever, followed by much exhaustion, sometimes ushers in this condition of the bones, Indigestion, headache, or other symptoms are seldom absent in association with "growing pains," but they may be due to unhealthy habits, for when enjoying comparative liberty for the first time youths and maidens are very apt to consume unwholesome food and drink, and to discard warm clothing even in bad weather. A visible, objective symptom accompanies the more severe cases of growing pains. Small bony tumors (*"exostoses de développement"*) form at certain points where the process of ossification of cartilage is most active, especially at the epiphyses of the bones near the knee-joint, of the humerus at the shoulder, and of the radius at the wrist, points where the process of lengthening is most active. A common variety of "growing pains," especially amongst the poor, is tarsalgia, a painful condition of the ankle, without swelling or redness, the precise character of which is disputed. M. Gosselin believes it to be arthritis of the joint without effusion, while Duchenne holds that the neighbouring muscles, especially the peroneus longus, are at fault. All "growing pains" require rest and good feeding in order to insure cure. — *British Medical Journal.*

ACTION OF COD LIVER OIL.

MM. Gautier and Mourgnes, in a recent communication to the Academy of Sciences, discuss at some length the reasons why cod-liver oil is superior to other fats as a therapeutical agent, and arrive at the following conclusions:—1. It is more easily assimilated owing to its containing free fatty acids and some biliary matters which render its emulsion specially easy when it comes in contact with the pancreatic juice. 2. It is rich

in phosphates, phosphoric acid, lecithin, and phosphorus in organic combination; the phoshorus, especially in the last mentioned form, is very readily assimilated to form protoplasm, and thus nutrition is greatly stimulated. The small amounts of bromine and iodine being also present as organic compounds exercise a beneficial influence on the general metabolism. 3. The alkaloids present —butylamine, amylamine, morrhuine— and morrhuic acid stimulate the nervous system, increase the amount of sweat and urine, and act as a nervine tonic.
—*British Medical Journal.*

AGARICINIC ACID.

Agaricin has for some time been employed in the night sweats of phthisis. It is now stated that Professor Kahler of Prague, and some other observers, have found a new preparation of this substance—agaricinic acid—very efficacious for the same purpose. A dose of from one-third to three-quarters of a grain was well borne and produced no unpleasant effects, except that the largest of these quantities sometimes caused a slight and transient nausea. As a rule, a pill containing one-seventh of a grain is sufficient. It should be given about six o'clock in the evening.
—*Lancet.*

SUCCESSFUL INOCULATION OF PSORIASIS.

Destot (*Provence Médicale*, June 8th, 1889; *Annales de Derm. et de Syph.*, February, 1880), succeeded in inoculating himself with psoriasis from a child by the insertion of scales into the skin of the shoulder on May 9th. On May 25th, it is stated, that there were patches of psoriasis on both elbows.
—*British Medical Journal.*

A PRESCRIBER'S LAPSUS PENNÆ.

A medical man has just been fined by a Berlin court for a serious slip of the pen in a prescription. A lady having consulted him for night-sweats, he prescribed atropine pills, each one containing 0·06 gramme (about a grain), instead of 0·006 gramme (about the tenth of a grain). The prescription was taken to a "druggist," not to an *apotheker* or pharmacist, and the assistant who dispensed it did not detect the evident slip of the pen; the consequence was that the lady took one of the pills and suffered severely from its toxic action, for which she was treated by the prescriber for a couple of days. The husband summoned both the medical attendant and the druggist, the result being that the former was fined £25 ($125), and the latter £10 ($50).—*Lancet.*

NOTIFICATION IN SOUTH AMERICA.

The introduction of the notification of infectious diseases by the municipal authorities of Rosario, a town of the Argentine Republic, has created a state of acute tension between them and the local medical practitioners, who strongly object to having this duty thrust upon them. The municipality no doubt means well, but its zeal for sanitary reform would seem to be not altogether according to knowledge, since venereal diseases are apparently included among those which must be notified. It is not easy to understand what public benefit could follow the notification of such cases, but it is obvious that in a small town it would be pretty sure to give rise to the gravest social and domestic complications.—*Brit. Med. Jour.*

A WARNING.

"The *Times and Register* tells of a young physician who was called to see a man who had swallowed the metal plate to which were attached his third set of teeth. The doctor saw here a chance of bringing at least one of the cardinal branches of medicine into play —that of chemistry. Sulphuric acid will eat up metal. He accordingly ordered a tablespoonful of this acid to be given for the purpose of dissolving the plate. An unsympathetic jury decided that about seven years spent in comparative seclusion would probably increase this young man's knowledge of applied chemistry, and might, also,

materially advance him as a therapeutist. The case just mentioned, though true, is an extreme one, yet it illustrates the fact that a man, presumably of ordinary intelligence, may have his mind so fixed on one notion, that he completely forgets the collaterals.

"In no other profession, probably, is it of so much importance to look at a question from every point of view, as it is in the medical profession. The medical man handles that which may give life or death, and as the more potent drugs are double edged tools, *par excellence*, it behooves him, while intently cutting in one direction with the chosen edge, to be careful that the other, which is just as sharp, does not incise some vital structure." —*Kansas Medical Journal.*

Medical Items.

The Pharmaceutical exhibit at the meeting of the Medical and Chirurgical Faculty was particularly good.

The South Carolina Medical Association held its annual meeting at Laurens, on Wednesday, April 23.

Dr. Constantine Goodell has been elected Instructor in Clinical Gynæcology in the University of Pennsylvania.

Dr. Henry W. Stellwagon has been appointed Lecturer on Dermatology in the Jefferson Medical College.

The State Board of Health met last Wednesday and transacted the usual amount of business.

The latest term is "tornado poisoning," which means that a tornado has carried a disease to a formerly healthy region and poisoned the inhabitants.

The Medical Association of Georgia held its annual meeting at Brunswick, on Wednesday, Thursday and Friday, April 16th, 17th and 18th.

An effort is being is being made to establish a medical school at Cardiff in connection with the University of South Wales and Monmouthshire.

Norway, which has a population of 2,000,000 souls, is divided into 152 medical districts, with 581 doctors and 89 druggists' shops.

Professor Vierordt, of Jena, has been appointed to succeed the late Professor von Dusch at Heidelberg. His age is only thirty-four.

In honor of the International Medical Congress which is to meet at Berlin in August, the city authorities will publish a book on the Medical Institutions of Berlin.

A bill has been introduced into the Ohio Legislature forbidding a physician from administering any medicine whatever to his patients except in case of emergency.

After April 1st, Professor Curschmann, of Leipzig, will replace Professor Unverricht, of Dorpat, in the editorship of the *Fortschritte der Medicin.*

Cheap rates and excursion tickets to the Nashville meeting of the American Medical Association may be obtained at the office of the Virginia, Tennessee and Georgia Air Line, 129 East Baltimore St.

The strong arm of the all-powerful politician, fired by personal and selfish motives, has dealt a fatal blow to the Medical Bill, and once more will quackery run riot through the State.

Drs. N. Senn and Chr. Fenger have been elected regular Professors of Surgery in the Chicago Policlinic. In addition to clinical work, they will present a special course in abdominal surgery twice yearly.

Dr. Wm. T. Belfield, 612 Opera House Building, Chicago, Ill., U. S. A., respectfully solicits information concerning unpublished cases of operations upon the prostate, especially for the relief of the so-called hypertrophy of the organ.

According to the strict interpretation of the new liquor-license laws, all prescriptions calling for alcoholic preparations cannot be repeated by the pharmacist without the

physician's permission, and yet some say that the millennium is not near.

During the International Medical Congress at Berlin there will be a meeting of delegates from the various cremation societies throughout Europe, at which the steps to be taken to make cremation legal in different countries will be discussed.

Dr. Eugen Hahn, Directer of the surgical side of the Friedrichshain Hospital at Berlin, and well known as a successful operator in the domain of laryngeal surgery, has recently had the privilege of using the prefix of "Professor" conferred on him.

The South Carolina Board of Medical Examiners held an examination of applicants for license to practise medicine in that State, on March 5. Of the eighteen who applied for license, twelve were successful, four were rejected, and two will be re-examined at the next meeting, in April.

The subject of the prize essay on Infant Hygiene, given by the London Academy of Medicine for 1889, is to determine what are the best forms of nourishment for new-born infants, the merits and effects of unboiled milk, boiled milk and tepid milk. The essays should be sent in before March 1st, 1891. The prize is £40 ($200).

The trustees and Faculty of the Medical College of South Carolina will hold an election on or about April 15 for the purpose of filling the vacancy existing in the chair of pathology and practice of medicine. The three years' course of instruction as necessary for graduation has been adopted, to begin with the matriculants of 1890.

The French Minister of Public Instruction has, at the request of the Society for Preventing the Abuse of Tobacco, added the following subject of discussion to the programme of the Congress of Scientific Societies which is to meet at Paris on May 27th :—"The Influence on Hygiene and Morality of the Narcotics which are in common use throughout the populations of the globe."

The *British Medical Journal* says: Professor Rudolph Virchow, who is equally distinguished as pathologist, anthropologist and political leader, will enter on his 70th year on October 13th. The medical men and anthropologists of Berlin, with Professor Waldeyer at their head, are already taking counsel how fitly to celebrate the event. English physicians and men of science will no doubt wish to join in doing honor to one to whom honor is so conspicuously due.

A patient in Warsaw not long ago found himself unable to pay his doctor's bill, and offered a lottery ticket in exchange in full. The doctor made the best of a bad bargain and accepted the ticket, and has now received his reward in the shape of a prize of $40,000 which the ticket has just drawn. There is no special moral to this story that we have been able to discover.

According to the *Semaine Médicale*, a committee, composed of British and American celebrities, has been formed to present M. Pasteur with an album On the first page of this album is inscribed in French, under the signature of the Prince of Wales, "To the great Monsieur Pasteur, the benefactor of the human race." The album is to be presented to the illustrious biologist after the Easter holidays.

The *American Practitioner* says that during the late influenza epidemic in Edinburgh the lay press, as elsewhere, published with avidity anything bearing on the subject. "Interviews with Leading Medical Men" occupied much space. Somebody succeeded in "stuffing" the *Evening Despatch* with the following information, which was gravely published :

"There are a good many complicated cases occurring, such as intercostal neuralgias and severe head pains, but the most serious of those are where the throat symptoms are associated with, in the male, salpingitis, which necessitates either tracheotomy or hysterectomy. If hypospadias occurs, it may be well to give iron in large doses, but if a rupture of a Graafian follicle supervenes, it may be serious, or even fatal. This last complication is believed to be due to an organism not belonging to the bacteria, but, like them, not containing chlorophyll."